

Near-Death Experiences

As Evidence for the Existence
of God and Heaven

A brief introduction in plain language



J. Steve Miller

Near-Death Experiences as Evidence for the Existence of God and Heaven: A Brief Introduction in Plain Language

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Dedication

To bold researchers
who dare to explore new frontiers,
possessing an insatiable scientific curiosity
that drives them to push the boundaries of science
by questioning the prevailing paradigms

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Table of Contents

[Foreword by Jeffrey Long, MD](#)

[Preface](#)

[Introduction: The Search for Shangri-La](#)

[Chapter 1: A Four Year Old's Near-Death Experience](#)

[Chapter 2: Studies on Near-Death Experiences](#)

[Chapter 3: A Collage of Near-Death Experiences](#)

[Chapter 4: Naturalistic Explanations](#)

[Materialist](#)

[Theoretical](#)

[Methodological](#)

[Psychological](#)

[Physiological](#)

[Reflections on Naturalistic Explanations](#)

[Chapter 5: Do NDEs Provide Compelling Evidence That God and Heaven Exist?](#)

[Exhibit 1](#) - Reports (from outside the body) of the hospital room or accident location provide corroborating evidence.

[Exhibit 2](#) - NDErs report enhanced mental functions while their brains are severely compromised.

[Exhibit 3](#) - The presence of remarkably consistent, yet unexpected elements are not what we'd predict from a psychologically induced dream state.

[Exhibit 4](#) - NDEs consistently have closure – distinguishing them from dreams and hallucinations.

[Exhibit 5](#) - Children's NDEs provide unique evidence.

[Exhibit 6](#) - Deathbed visions provide corroboration.

[Exhibit 7](#) - Shared NDEs provide multiple eyewitnesses.

[Exhibit 8](#) - Face to face interviews have a strong impact on the researchers.

[Exhibit 9](#) - The deaf hear.

[Exhibit 10](#) - The color-blind see colors.

[Exhibit 11](#) - The blind see.

[Exhibit 12](#) - It's extremely convincing to the one who experiences it, completely unlike a dream.

[Summary of the Evidence](#)

[Chapter 6: What We Learn from NDEs](#)

They are not consistent with every worldview.

What NDEs don't teach us.

What NDEs may teach us.

[About the being of light](#)

[About what really matters](#)

[About aspects of the afterlife](#)

[Conclusion](#)

[Pause to Reflect](#)

Appendix 1 - [Do NDEs Differ Across Cultures?](#)

Appendix 2 - [Two Recent Articles Proclaim that Science Has Explained NDEs' Paranormal Features](#)

Appendix 3 - [Interviewing Circles of Trust – My Original Research and Tips](#)

Appendix 4 - [But is the Evidence “Scientific”?](#)

Appendix 5 - [Blackmore's Dying Brain Hypothesis](#)

Appendix 6 - [Nelson's Spiritual Doorway in the Brain](#)

Appendix 7 - [Reflections on NDEs and Christian Teachings](#)

Appendix 8 - [NDEs with Corroboration](#)

Appendix 9 - [Guide to Further Research](#)

[Acknowledgements](#)

[End Notes](#)

Foreword

by Jeffrey Long, MD

Although I've never had a near-death experience (NDE), they've significantly changed my life. Nothing in my medical training prepared me for my first exposure to an NDE, spontaneously shared by a good friend's wife over dinner. I was absolutely astonished! I recall thinking that these experiences could change my views about life, death, and God. I devised a plan to collect and study NDEs. This study changed my worldview and reorganized my priorities.

As a radiation oncologist (a medical specialty that treats cancer with radiation), I work daily with patients who know their earthly lives may soon end. My exposure to NDEs enables me to help them face their cancer with courage and confidence. For over 35 years, medical doctors and academics have published significant NDE research, scrutinizing the experience in both professional journals and books. I've personally studied over 3,000 NDEs that I collected at www.nderf.org. While further clinical studies are always encouraged, it seems to me that a major challenge today, for thinkers everywhere, is to sift through the mountains of data that's been collected and bring to light the implications.

Important questions today for both NDE researchers and people everywhere include: Do NDEs provide compelling evidence for the existence of God and the afterlife? What is the evidence? Is the evidence strong or weak? If some of these experiences are indeed encounters with the afterlife, how should this impact my life priorities?

While other books, such as my own, take up this challenge, I believe that Miller's book offers a valuable contribution to NDE literature. First, he offers a fresh voice by employing creative analogies and fresh angles to clarify salient points. Second, he avoids the insider academic jargon that may obscure more than enlighten. Third, he remarkably manages to consolidate recent research into a document that packs more of a punch for its brevity. By focusing on the evidential value of NDEs, Miller can explore the possible implications without burdening the reader with extraneous detail.

If this is your first exposure to the near-death experience, fasten your seatbelts! You've embarked upon an exhilarating ride that just might transport you to places you never imagined. – Jeffrey Long, MD, author of *Evidence of the Afterlife: The Science of Near-Death Experiences*

Preface

What if you slept?
And what if, in your sleep, you dreamed?
And what if, in your dream, you went to heaven
And there plucked a strange and beautiful flower?
And what if, when you awoke, you had that flower in your hand?
Ah, what then?

- Samuel Taylor Coleridge

What then? Indeed.

This is essentially the promise that many near-death researchers claim to fulfill – a glimpse into eternity, verified with corroborating evidence. This book intends to discover if they've fulfilled their promise.

What's a Near-Death Experience with Corroborating Evidence?

A patient undergoes a risky brain surgery that requires lowering her body temperature to about 50 degrees Fahrenheit and draining all the blood from her head. By three primary tests – a silent EEG, an unresponsive brain stem, and no blood flow through the brain – she's clinically dead. Yet, after the surgery the patient reports that she was very much alive during the surgery, viewing the procedure from outside her body. She described in accurate detail a conversation that transpired during the surgery and the specialized instruments used by the surgeons. Even if her vivid, conscious, out-of-body experience took place prior to the draining of her blood, her eyes were taped shut, she was deeply anesthetized, and 100-decible clicks assaulted her ears over 10 times per second to monitor her brain stem activity. Except for the small surgical area on her head, her entire body was covered.(1)

But who reported this event? An anonymous person who submitted it to a collection of stories on a website? The patient? The surgeons? Could she have guessed the

conversation, or seen the instruments prior to the surgery? If it really happened, what hypothesis best accounts for the event?

Later, I'll talk about this remarkable episode and many fascinating studies, which introduce evidence for the afterlife beyond mere anecdotes.

Why This Book?

Much has been written recently about near-death experiences, from people sharing their personal experiences, to doctors reporting their clinical studies in great detail. I felt that a brief, readable introduction to this fascinating field was in order, concentrating on the evidential value of the NDE. Here you'll find:

- Reports from those who claim to have visited heaven.
- How these reports are corroborated and what type of evidence they offer.
- Introductions to the primary researchers in the field.
- An emphasis upon the findings of clinical studies and scholarly, peer-reviewed literature.
- The results of my own NDE interviews, suggesting ways that anyone can get closer to the evidence by conducting their own interviews within their circles of trust.
- An examination of naturalistic hypotheses.
- Discussions of the impact of personal expectations of death and cultural differences.
- A comparison of the content of NDEs with traditional Christian teachings.
- Recommendations for further study.

My Personal God Quest

Some readers might be interested in my background and motivations for writing, to

personalize your reading experience and to help you understand my approach to research and style.

Forty years ago, at the age of 16, I became obsessed with the importance of seeking God. I reasoned that since earthly life was but a brief moment compared with eternity, my first priority should be to determine if God existed and, if He did, to figure out what He wanted out of my life. The words of Jesus Christ at times inspired, at other times haunted me:

For what does it profit a man to gain the whole world, and forfeit his soul?

But I had a problem.

You see, I'm a skeptic. Always have been. Not in the narrow sense of someone who puts down religion, but in the general sense of one who always questions everything. My dictionary defines skeptic as "one who by nature doubts or questions what he hears, reads, etc." That's me. My picture should be in the dictionary beside that definition.

When someone tells me something outrageous that a political leader (regardless of political party) said or did, I ask,

- "Who reported it?"
- "In what publication?"
- "In what context?"
- "Could the reporter be biased by her political affiliation?"
- "Was it reported objectively, or with sensational spin?"

As you can imagine, my skeptical bent led me to continually question religious claims, repeatedly subjecting them to rigorous scrutiny. Although I committed my life to God as a sophomore in high school, I soon plunged into periods of doubt as I wrestled with questions concerning God and the truth claims of Christianity.

My Academic Quest

As a result, my academic career reads like a God search. I attended five institutes of higher learning – diverse colleges, universities, and graduate schools – primarily searching for spiritual truth. My course of study included many classes relevant to the study of God and religion - philosophy of religion, world religions, Bible, Greek, Hebrew, philosophy of science, deductive logic, history of philosophy, ethics, sociology, psychology, psychology of religion, theology, etc.

Whether my professors were agnostics, Christians or Buddhists, I questioned their beliefs and did independent research to separate fact from fantasy, personal taste from uncomfortable truths. In my spare time, I often read books arguing for and against religious beliefs, collecting quite a library along the way. This broader view of religious and philosophical studies helps me when I study a particular slice of evidence such as near-death experiences.

Naturally, I sought God not only academically, but also through prayer and trying to maintain a teachable, open heart.

How My Background Informs This Study

With this background, you'll better understand several aspects of my writing.

First, I read widely and document my sources obsessively, so that if you wish to do further research or check my interpretation of certain studies, you can find the original sources. Beyond documentation, my endnotes and appendixes, which make up a large portion of the book, contain expanded material that I feared might bog down less enthusiastic readers. So if an argument seems weak or incomplete, check the endnote to see if I pursue it further there. If I've overlooked important sources or misunderstood the ones I refer to, please alert me at jstevemiller@gmail.com.

Second, I seldom use words that speak with finality such as “prove” or “proven.” This is partly because of my skeptical nature but also because of my desire for precision. Since “prove” indicates “100 percent certitude” in fields such as Math and Deductive Logic, I'll tend to use the more humble phrase, “sufficient evidence,” which is more appropriate for subjects of a scientific or legal nature.

Example: For centuries, scientists thought that all swans were white, since they'd observed tens of thousands of white swans. On the basis of such strong evidence, many would have been tempted to declare with finality, “We've proven that all swans are white.” But then someone visited Australia and saw a black swan. That one observation ended the “all swans are white” theory.

So please don't think I'm playing down the strength of an argument when I speak of “sufficient evidence.” Our biggest decisions of life are made by weighing evidence rather than holding out for logical certitude. We convict murderers on the basis of

sufficient evidence. Yet, one more piece of evidence could overturn our verdict. We choose our cars and houses and spouses and vocations on the basis of sufficient evidence. In my opinion, absolute, logical certitude is typically found, not in the real world, but in abstract worlds like math.

Third, I try to write as simply as possible. Sloppy argumentation often dresses up in technical vocabulary and literary profundity. Thus, while some NDE literature speaks of myocardial infarctions, I'll simply call them heart attacks.

Fourth, I want to approach this subject humbly, recognizing that I have so much more to learn. While I'm far from exhaustive in my research, I've tried to read the best resources representing various positions. Again, if you feel I've overlooked significant data, feel free to correspond.

Part of a Larger Work

Over time, I hope to write further on the subject of evidence for religious truth. When I do, you may find the present book as one of its chapters.

Introduction

The Search for Shangri-La

Imagine that you've heard tales of an extraordinary lost civilization somewhere in the mountains of Tibet called Shangri-La. Your curiosity gets the best of you and you're itching to find out if it's real. But how could you gather evidence without launching your own costly expedition?

Your best bet would be to talk to scads of people who claim to have independently visited Shangri-La and compare their stories, while evaluating their intelligence, honesty, and sanity. And it wouldn't hurt if they produced corroborating evidence, like a souvenir that could have come only from Shangri-La.

Essentially, this is what many people claim about the afterlife. Since we're told that the most popular way to meet God face-to-face is to die, it's simply not practical to schedule a trip over Spring break. That leaves us with the option of interviewing levelheaded people who claim to have visited the other side.

But how could they ever prove that their experiences were more than vivid dreams? And what could they possibly bring back as corroborating evidence? Those questions kept me from taking near-death experiences seriously.

Until recently.

Chapter 1

A Four Year Old's Near-Death Experience

A relative read the popular book *Heaven is for Real* and wanted my opinion.(1) I wasn't interested, but read it as a favor. In the book, a father tells about his four year old child, Colton, who described his visit to heaven during a medical crisis.

Several things about the story intrigued me. First, the father was a respected, highly visible member of a rural community (a pastor, wrestling coach, and volunteer fireman who operates a garage door company). If he were making things up, people in the community would likely start poking around and asking questions. Eventually, his reputation would be ruined and neighbors would likely report the farce to the press and complain on reviews,

“The father's weird; his wife's prone to hysteria, and Colton's delusional. My son goes to school with Colton. Last week the kid swore to his teacher that he owned a pet unicorn.”

Had the family been low-profile residents of a large city like Los Angeles, it would be easier to fabricate a story, sell it as real, and get away with it.

Second, there was corroborating evidence. Colton shared insider knowledge that he probably couldn't have known from earthly sources. He claimed to meet his miscarried sister, whom he'd never been told about. He told details of a great-grandfather that he supposedly couldn't have known. He saw his father praying in a separate hospital room, which he claimed to have viewed from outside his body.

It was an interesting book, but to me wasn't very helpful as evidence for the afterlife. I needed more. To satisfy my skeptical mind, I needed:

- Reports from the doctors and nurses.
- Reports from people in the community about the family's integrity.

- Evidence that Colton couldn't have overheard talk about the supposed "corroborating evidence" at a time when family members didn't realize he was listening.
- Evidence that his experience wasn't an elaborate dream, the details of which were supplied by his religious upbringing.

Also, I thought it rather weird that Colton said nothing about the experience when he first woke up. After all, don't young kids typically report spectacular neighborhood events when they first burst in the front door?

The story seemed evidentially weak, but intriguing nevertheless. In the blurbs section, an author who studied near-death experiences commented that Colton's experience jived with the many NDEs he'd studied. If others were reporting similar experiences with better corroborating evidence, this line of inquiry just might provide evidence for the afterlife.

Chapter 2

Studies on Near-Death Experiences

So I looked for serious books on the subject – books by objective authors (not pastors or new age gurus who might be out to evangelize) who had the academic credentials to do solid research on multiple cases. I began by reading Dr. Raymond Moody's seminal 1975 study, *Life After Life*.⁽¹⁾ Moody studied medicine (Psychiatry), enabling him to evaluate scientific evidence for possible medical explanations of the phenomenon. Additionally, he held a Ph.D. in philosophy, which often helps researchers to more accurately evaluate hypotheses and to be more precise with their conclusions.

I started with Moody because he was one of the earliest researchers to seriously study and popularize NDEs. Thus, it was highly unlikely that his subjects had read about NDEs or seen them discussed on TV. This could likely rule out the psychological explanation that people have these experiences because they've heard about them and thus expect to have them.

Moody came from a nonreligious home, where his father, a surgeon, scoffed at religion as "institutionalized superstition." It's no wonder that Moody grew up thinking that death was the end of life.⁽²⁾ But while studying philosophy at the University of Virginia, one of his professors mentioned Dr. George Ritchie, a respected psychiatrist in their medical school who had been declared dead and later regained consciousness, reporting a fantastic experience on the other side. Fascinated, Moody went to hear him speak to a group of students.

Dr. Ritchie reported dying of double pneumonia. (He passed around a copy of his death certificate for the students to examine.) While he was clinically dead, he left his body, making observations that he would later confirm by visiting the location.⁽³⁾ He could walk through people and doors. The laws of space and time didn't seem to apply – he could think of a place and be there immediately.

He returned to the hospital room to find his body and a voice said "Stand up! You are in the presence of the Son of God!" A magnificent being appeared and showed him

every detail of his life, from his birth to when he was pronounced dead, all within what seemed like a brief period of seconds.

The being asked, “What have you done with your life?” He replied, “Well, I’m an Eagle Scout.” The being responded, “Yes, that only glorified you.”

Then the being sat next to him, allowing him a glimpse of the heavenly realm. Finally, Dr. Ritchie returned to his body.(4)

Moody became friends with Dr. Ritchie, eventually dedicating Life After Life to him and catching his passion for Psychiatry. Ritchie said that when he spoke of his experience, people would often come up afterward and report similar experiences. Moody became fascinated. Could it be that this experience was fairly common, but people were reluctant to report it out of fear that people would think they were crazy?(5)

When Moody began teaching philosophy at East Carolina University, a frustrated student approached him, suggesting that they should focus on important stuff, like life after death. The student described being in a car accident, where the doctors had pronounced him dead. Before he was resuscitated, he found himself fully conscious, outside his body. He travelled through a tunnel and met a person who let him see his entire life. It changed his life. To the student, that sounded more interesting and relevant than most philosophy.

So Moody began asking his students if they had experienced anything like this. Some would share their stories. When he entered medical school, he continued interviewing doctors, professors, and others who reported such experiences, recording them on a cassette player. These shared experiences, numbering about 150, became the substance of his book.(6) In it, Moody wrote snippets of his interviews, organizing them under 15 common characteristics, such as leaving the body, hanging out with deceased relatives, passing through a tunnel, meeting a being of light, and reviewing their lives.

The accounts were astoundingly similar, yet personalized and detailed, often containing corroborating evidence. Finally, he evaluated and ruled out possible naturalistic explanations, such as oxygen deprivation, psychological explanations, or

drugs administered during medical crises.(7)

Life After Life was enlightening, but left me wanting more. Decades had passed since Moody's study and I wanted someone to pull together the subsequent research. Also, Moody's subjects lived in America. Although his subjects claimed to have diverse beliefs, could the pervasive Christian worldview at least partially explain the similar experiences? Had further research of more culturally diverse subjects confirmed or refined or overturned Moody's conclusions?

Enter Dr. Pim van Lommel, a world-renowned Dutch cardiologist, who wrote *Consciousness Beyond Life: The Science of the Near-Death Experience*. Working in a hospital cardiac wing where clinically dead patients were often resuscitated, he began to rethink his naturalistic assumptions. According to van Lommel,

“I grew up in an academic environment where I was taught that there is a reductionist and materialist explanation for everything. And up until that point, I had always accepted this as indisputably true.”(8)

What changed his mind?

Many of his resuscitated patients reported trips to the other side, in vivid detail, that occurred when they were clinically dead. While their lifeless bodies lay on hospital beds, with their hearts flat lined and their brains should have been incapable of producing consciousness, they reported experiencing something that was vivid, astounding and life changing. After resuscitation they spoke of being very much alive somewhere else. As one patient said, “Dead turned out to be not dead.”(9) Corroborating evidence (things his patients saw and learned while clinically dead) indicated that the experiences were real.

Van Lommel's scientific inquisitiveness lit a fire under him and he embarked on a 20-year study of near-death experiences. He interviewed patients soon after their experiences and re-interviewed them years later to see if their memories and life changes remained true to their original reports. His research was so well done that it was published in the prestigious medical journal, *The Lancet*.(10)

One reason van Lommel's research intrigued me was his location. He interviewed patients in Holland, where most people don't believe in life after death.(11) If people who didn't believe in heaven had vivid heavenly experiences, you could hardly attribute the experience to their rather boring expectations of after death nothingness. But remarkably, the experiences reported in Holland paralleled Moody's findings in America.

Van Lommel went beyond his own research and Moody's to compare many independent studies on NDEs after Moody. Finally, for those who can't get enough of a good thing, he took several chapters to theorize about the mind/brain phenomenon and possible explanations based upon quantum physics. It's well documented and shows a thorough command of the relevant literature.

Van Lommel's conclusion?

Near-death experiences don't fit into a naturalistic worldview. There is life after death. His patients experienced, not vivid dreams, but very real journeys to the other side, the most significant part of which was an encounter with a personal being of light.(12)

After reading van Lommel, I slowly worked my way through the other primary researchers in the field. Each study left me with additional questions that were typically addressed in other studies. (If you're interested in going deeper, see Appendix #9 – Guide to Further Research. With hundreds of NDE books available, you'll likely want to concentrate on serious studies of multiple cases.)

Beyond books, NDEs are no stranger to scholarly, peer-reviewed literature. Over 900 articles on NDEs were published in scholarly literature prior to 2005, gracing the pages of such varied journals as Psychiatry, The Lancet, Critical Care Quarterly, The Journal for Near-Death Studies, American Journal of Psychiatry, British Journal of Psychology, Resuscitation and Neurology.(13) In the 30 year period after Moody published Life after Life, 55 researchers or teams published at least 65 studies of over 3500 NDEs.(14)

It's important to note that most of these researchers don't come across as heralding their pet theological or philosophical positions. Most that I read began their research doubting that NDEs involved anything spiritual but became convinced by the weight of the evidence. They write like objective, scientifically-minded people who became fascinated with a perplexing phenomenon that had the potential to teach us not only about the afterlife, but the very purpose of our existence.

I also conducted my own informal interviews with friends, relatives, and those they trust. Even after reading scads of scholarly studies, the skeptic in me kept saying, "If these experiences are as prevalent as they say, why haven't I heard of even one NDE within my own trusted circles?" So I began to ask friends and relatives and was astounded to hear people I had every reason to trust, with no apparent ulterior motives, telling me about their experiences on the other side. In Appendix #3, I suggest how anyone can study NDEs by interviewing their circles of trust.

Chapter 3

A Collage of Near-Death Experiences

NDEs aren't rare. Studies found four percent of the populations of Germany and the USA reporting that they had experienced one. That's over one out of 25 people, or over nine million Americans.(1) But if you don't hear about them from friends and family, don't be surprised. People tend to keep these experiences to themselves, fearing that people will think they're crazy.(2) This helps explain Colton not immediately sharing his NDE with his family. (Alternatively, perhaps Colton delayed because he was still ill immediately following his NDE. Additionally, since a four-year-old might not realize the unusual nature of his experience, it's understandable that he might not bring it up until a relevant conversation prompted him.)

Researchers share the fascinating details of thousands of NDEs. I'd recommend reading many experiences in their entirety to get the full impact. I also recommend interviewing some NDEers face to face. There's something very compelling about hearing a person you trust share his or her experience.

At this point, I should lay out in a bit more detail what I mean by a near-death experience. Rather than tell full stories, which are readily available in many other works, I'll put together the exact statements of many NDE reports, drawn from NDE researchers and my own interviews, to form an abbreviated, coherent story. Note that most people experience some of these elements, but not all. For example, some might leave their bodies, view the medical team trying to revive them, talk to a few deceased relatives, then return to their bodies, without experiencing a tunnel trip to a being of light. Note also that most of them struggled to put their experiences into words. It seems that no earthly experiences provide close enough analogies.

So here are some first-hand reports from the other side.(3)

I'd never heard of a near-death experience, and I'd never had any interest in paranormal phenomena or anything of that nature.

I suddenly became aware of hovering over the foot of the operating table and watching the activity down below around the body of a human being. Soon it dawned on me that this was my own body. I also heard the doctor say that he thought I was dead. (Later he confirmed saying this, and he was astonished to learn that I'd heard it. I also told them that they should mind their language during surgery.)

I was there. I was on the other side. It's simply too much for human words. Our words, which are so limited, can't describe it.

It was real – as real as me sitting across from you and talking to you now. Nothing could ever convince me otherwise.

I didn't have to think, I knew everything. I passed through everything. At once I realized: there's no time or space here.

I saw the most dazzling colors, which was all the more surprising because I'm color-blind.

All the pain vanished and I began to experience the most wonderful feelings. I couldn't feel a thing in the world except peace, comfort, ease. I felt that all my troubles were gone. I've never felt so relaxed. I've never felt this happy before. It was so emotional that I can't possibly describe it.

I was overcome with a feeling of peace that I'd never known on earth.... An overwhelming feeling of love came over me, not the earthly feeling I was quite familiar with, but something I can't describe.

What I saw was too beautiful for words. I was looking at a magnificent landscape full of flowers and plants that I couldn't actually name. It all looked hundreds of miles away. And yet I could see everything in detail. It was both far away and close. It was completely three-dimensional and about a thousand times more beautiful than my favorite holiday destination in spring.

I was always surrounded by loving spiritual beings of light.

I had the impression that this was a different dimension altogether. And if anything was missing it was our earthly conception of time!

Everything was suffused with an indescribable love.

The knowledge and messages going through me were so clear and pure.

I talked with Mr. Van der G., the father of my parents' best friend. When I told my parents after waking up, they said to me that Mr. Van der G. had died and been buried during my coma. I couldn't have known that he was dead.

I saw both my dead grandmother and a man who looked at me lovingly but whom I didn't know. Over ten years later my mother confided on her deathbed that I'd been born from an extramarital affair.... My mother showed me a photograph. [It was] the unfamiliar man I'd seen more than ten years earlier.

I went through this dark, black vacuum at super speed. You could compare it to a tunnel, I guess. The darkness was so deep and impenetrable that I could see absolutely nothing; but this was the most wonderful, worry-free experience you can imagine.

I saw a bright light, and on my way there I heard beautiful music and I saw colors I'd never seen before. The light...was of a kind that I'd never seen before and that differs from any other kind such as sunlight. It was white and extremely bright, and yet you could easily look at it. It's the pinnacle of everything there is. Of energy, of love especially, of warmth, of beauty. I was immersed in a feeling of total love.

...from the moment the light spoke to me, I felt really good – secure and loved. The love which came from it is just unimaginable, indescribable. It was a

fun person to be with! And it had a sense of humor, too – definitely! I never wanted to leave the presence of this being.

My whole life so far appeared to be placed before me in a kind of panoramic, three-dimensional review, and each event seemed to be accompanied by an awareness of good and evil or by an insight into its cause and effect. Throughout, I not only saw everything from my own point of view, but also I knew the thoughts of everybody who'd been involved in these events, as if their thoughts were lodged inside me. It meant that I saw not only what I had done or thought but even how this had affected others, as if I was seeing with all-knowing eyes. And throughout, the review stressed the importance of love. I can't say how long this life review and insight into life lasted; it may have been quite long because it covered every single subject, but at the same time it felt like a split second because I saw everything at once. It seemed as if time and distance didn't exist.

It was clear to me why I'd had cancer. Why I had come into this world in the first place. What role each of my family members played in my life, where we all were within the grand scheme of things, and in general what life is all about. The clarity and insight I had in that state are simply indescribable.

I had wanted to stay there...and yet I came back. Back to the pain and to the doctor's deafening screams and slaps. I'm furious, incredibly furious! From that moment it was a real struggle to live my life inside my body, with all the limitations I experienced at the time.... But later I realized that this experience was in fact a blessing, for now I know that the mind and body are separate and that there's life after death. My worldview underwent a radical transformation.

As people examine their NDEs from every angle, they reject suggestions that their experiences were visions or vivid dreams or hallucinations. They believe they actually experienced the other side. That's why they hesitate to share it with their doctors or even friends and family. It would be easy to say, "Hey, I had the most fascinating, realistic dream during surgery! Want to hear it?"

But they can't say that.

They believe it was real, more than a dream, putting them in the uncomfortable situation of having a life-changing experience that they fear nobody will believe. Not knowing how common these experiences are, they keep it to themselves or share it privately with a trusted soul-mate.(4)

When van Lommel re-interviewed patients at two years and eight years after their NDEs, they reported life changes that differ significantly from his control group of people who had heart attacks with no NDE. For example, they have no more fear of death, see the vast importance of love, gravitate toward helping professions, and show greater empathy and compassion. They're also less materialistic and often a bit uncomfortable living in a material world where so few understand enhanced spiritual values.(5)

Chapter 4

Naturalistic Explanations

People suggest many possible explanations for NDEs, and we should welcome their thoughts and analyses. Science progresses as researchers dream up every conceivable explanation (or hypothesis) and evaluate which explanation makes the most sense in light of the available data.

Of course, one explanation is that NDEs are real experiences with life after death. I'll consider the arguments for that position later. But first, let's consider some objections to this position. Moody(1), Sabom(2), van Lommel(3), Sartori(4), and the other primary NDE researchers seriously consider naturalistic explanations, but ultimately find them inadequate in light of their findings.

Since this book is introductory rather than exhaustive, I'll briefly discuss some of the primary naturalistic suggestions, while noting other sources (see extended discussions in my endnotes and appendices) for those who wish to explore further. For a more in depth discussion, I'd recommend *Science and the Near-Death Experience*, by Chris Carter. The entire book (almost 300 pages) is dedicated to evaluating naturalistic hypotheses in a thoughtful, well-researched, well-reasoned manner.

I'll divide these explanations into five general categories: materialistic, theoretical, methodological, psychological, and physiological. If it becomes boring and tedious (some early readers had a low tolerance for detail) feel free to hit the main points, get the gist, and move to the next section rather than give up and miss the positive evidence altogether.

Explanations from a Materialist Worldview

Objection #1: The mind doesn't exist separate from the brain. Thus, the mind can't survive the death of the brain. NDEs must therefore be produced solely by the brain.(5)

According to this objection, what we call “mind” is typically viewed as a higher function of the brain, the mind being totally dependent upon the brain to function properly. Proof: As we age, our minds tend to work less efficiently. An elder may say, “My mind’s not what it used to be.” But if the mind were separate from the deteriorating brain, why wouldn’t our minds be just as sharp at 100 years as they were at 25? And what about mind-altering diseases like Alzheimer’s, which impact such mind functions as personality and decision making? If the mind were independent of the brain, why would it appear to be totally dependent upon the brain for its function?

In light of these observations, many argue that what we call “mind” must be purely a function of the brain. As such, the mind couldn’t exist apart from the brain and near-death experiences must be explained solely in terms of brain function.

Reply #1: Decrease in mental functions could just as easily be explained by the brain functioning as a receiver. Imagine that you’ve never seen a radio. You turn it on and hear music. But where does the music come from? Is the music contained completely in the radio, much like the music in a CD player is contained in a CD within the player?

Several observations would support the “everything’s in the machine” hypothesis of the radio. First, if you drop the radio, the speakers may thereafter produce an annoying buzz. Second, if you twist the tuner too hard, it becomes difficult to change to different music. It would be easy to conclude from these observations that the music is totally dependent upon the radio and contained solely in the radio. “Since damage to the radio results in damage to the sound,” you might reason, “the music must be solely contained in and produced by the radio. If the radio were destroyed, the music would be destroyed with it.”

But in the case of the radio, your observations would have led you astray. The radio doesn’t produce the music; it’s merely a receiver that allows you to hear the music. Granted, the condition of the radio impacts the quality of the music that you hear through it. But the invisible waves that carry the music to the radio are still carrying the music whether your radio is in a condition to receive it or not. If the radio dies, the waves that carry the music don’t die.

Similarly, van Lommel, Carter, and many others surmise that the brain functions as a receiver for the mind. The mind connects with the brain while we are in our body, but isn't dependent upon the brain for its existence. Damage to the brain impacts our ability to access our minds, much as damage to a radio impacts our ability to access radio signals. This hypothesis would seem to be just as compatible with our observations (mental decline during Alzheimer's, aging, etc.) as the hypothesis that the mind is merely a function of the brain.(6)

Reply #2: NDEs provide strong evidence that the mind is very much alive and well while the brain is dead. Corroborating evidence details the mind's activity outside of the body (e.g., hovering over the body observing the details of surgery, returning with details learned from deceased relatives, etc.). We'll expand upon this point in Chapter 5.

Objection #2: I'm a very scientific person; I believe what I can see and touch. A brain I can see. But disembodied minds remind me of ghosts and goblins and fairies, which lie beyond the reach of science, since I can neither see nor touch them.(7)

Reply: Science now recognizes that the tiny building blocks of matter aren't solids that we can see and touch. They're more like invisible waves – more mind-like than particle-like. Granted, the entire concept of disembodied minds appears rather foolish to some scientifically minded people – but perhaps only to those who slept through the scientific breakthroughs of the 1900s, or failed to fully break from the older scientific paradigms. Early physicists tended to view solid atoms as the smallest bits of solid matter. They felt matter could be fully explained with mathematical descriptions of how those atoms moved around, bounced off one another, and combined to form new things.

But now we know that atoms aren't solid. In fact, they're 99.999 percent empty space.(8) And even the parts of the atom wandering around in all that empty space aren't really "solid." We've never "seen" electrons with our eyes, even after our most powerful visual microscopes magnify them. We see their effects, so that we know they exist, but we have difficulty figuring out precisely what they are. We know they're there, but we can't know their exact location when we're not observing them. In fact, scientists have strong evidence that

electrons don't actually have a location until they're observed. In their essence, they seem to be more like invisible waves than observable particles, yet their activities affect what we call physical things.

If this seems strange to you, welcome to the wacky world of quantum physics! As bizarre as they are, these qualities of subatomic particles have been confirmed over and over by numerous experiments and are taught today as standard scientific knowledge.

My point? Scientists work with invisible, nonmaterial stuff (like electrons) every day. This nonmaterial stuff interacts with and provides the building blocks for what we call physical stuff. Just because you can't see it or feel it or fully comprehend it doesn't mean it doesn't exist. We know electrons exist, not because we can see them, but because we observe their effects.

So it seems to me rather unscientific to dismiss the possibility of independently functioning minds outright, just because we can't see them. If we find sufficient evidence of their effects, we'd do well to believe in them even though we don't fully understand them.

As astronomer V.A. Firsoff wrote,

“To assert there is only matter and no mind is the most illogical of propositions, quite apart from the findings of modern physics, which show that there is no matter in the traditional meaning of the term.”(9)

Groundbreaking physicist Werner Heisenberg put it this way,

“Atoms are not things. The electrons which form an atom's shells are no longer things in the sense of classical physics, things which could be unambiguously described by concepts like location, velocity, energy, size. When we get down to the atomic level, the objective world in space and time no longer exists, and the mathematical symbols of theoretical physics refer merely to possibilities, not to facts.”(10)

The revered Cambridge and Princeton mathematician and physicist James Jeans wrote:

“The stream of knowledge is heading toward a non-mechanical reality; the universe begins to look more like a great thought than like a machine. Mind no longer appears to be an accidental intruder into the realm of matter; we ought rather hail it as the governor of the realm of matter.”(11)

Theoretical Objections

Objection #3: If everyone has a soul, shouldn't everyone who suffers cardiac arrest have an NDE?(12)

Reply #1: Perhaps all have the experience, but not everyone remembers it. For example, people with frightening near-death experiences sometimes mention the experience immediately after being resuscitated, but then immediately forget the experience, perhaps due to repressing it.(13)

Reply #2: Perhaps the trigger for NDEs isn't a cardiac arrest, but another physical activity that sometimes, but not always, accompanies cardiac arrests. As research shows, many who have NDEs don't experience a cardiac arrest. This suggests that a physical trigger, if one exists, may be other than the cardiac arrest itself.

Reply #3: Perhaps the trigger isn't physical at all. Remember, it's not their final death, just a brush with death. If there is indeed a God, He knows the NDE is a parenthesis in earthly life, not a final entrance into the afterlife. Perhaps He allows only those who need a glimpse of the other side (e.g., for personal assurance or a challenge to life change) to get a glimpse of eternity.(14)

Objection #4: Sometimes what people see on the other side doesn't jive with reality, like encountering people who aren't yet dead, mythological creatures, or making predictions that don't come true.(15)

Reply #1: These may be pretty rare, because these specifics haven't been described in any of the reports from large-scale studies I've read. For example, concerning predictions (true or false), Moody notes that they occur in "an extremely small percentage of NDEs".(16) I did my own study of 100 complete NDEs on Dr. Long's NDERF site. None of these contained any of these elements, indicating to me that they must be extremely rare.

Reply #2: We'd expect a few quirky stories to be mixed in with the mainstream.

We expect anomalies to surface from time to time, since during an extended trauma people might have multiple experiences that get confused. Surely, in such a state, we'd expect the occasional report that confuses hallucinations and vivid dreams with their NDEs as they come in and out of consciousness, sometimes numerous times. Surely, with massive trauma to the brain, someone may experience not only a legitimate NDE, but later hallucinate Barney and Big Bird, later confusing the two memories. If such experiences were typical of an NDE, we'd have reason to question the totality of the experience. But they're apparently not typical.

Reply #3: A subset of people who report these experiences may be a bit loony, or prone to lie or to use their experience for their own purposes. A corrupt radio preacher may report that, in his NDE, God told him that the world would end by the end in 2015. But if the world doesn't end, that hardly calls into question all reports from the other side.

Objection #5: But you can't be 100 percent sure that there's no natural explanation. Science may one day completely explain NDEs as a result of purely naturalistic, material causes.(17)

Reply: True. And if that day comes, I should reweigh the evidence and humbly conclude, "Wow! Was I wrong about NDEs!" But unfortunately, I can't transport evidence from the future and weigh it to make up my mind today.

Future scientific evidence may disprove the big bang theory and quantum mechanics and relativity and many of the other scientific theories that currently make the most sense in the light of our current observations and experiments. Yet, scientists believe these theories because today's evidence clearly weighs in their favor. Future evidence is an unknown that can't be accounted for.

Methodological Objections

Objection #6: Many NDEs are reported years after the experience. Thus, as with all stories we tell and retell, we tend to embellish them until they only faintly resemble the original experience.(18)

Reply #1: Some researchers interviewed their subjects as soon as possible after the event, often while they were still in the hospital.(19)

Reply #2: When these same subjects were re-interviewed many years later, researchers found the stories to remain remarkably unchanged. They were not embellished.(20) These follow-up studies give us reason to trust the accuracy of stories reported to other researchers years after the experiences. As a person I interviewed said of her NDE, which occurred 38 years ago, “I remember it like it was yesterday.”

Objection #7 - Researchers probably bias their observations because they’re typically people who already believe in the afterlife.(21)

Reply: Of the researchers I read, almost all of them indicated that they dismissed the validity of NDEs before they studied them. Van Lommel specifically stated that prior to his research, he was a thoroughgoing materialist and reductionist, meaning that he didn’t believe in God, heaven, or valid religious experience. As he stated, “That death is the end used to be my own belief.”(22) Prior to Dr. Rawlings’ (Beyond Death’s Door) encounter with an NDE, he “had always thought of death as painless extinction.” To him, religion was “all hocus-pocus.”(23) Dr. Sabom studied NDEs to refute them, to prove that they could be explained naturalistically. It was not until he’d researched for a year that he began to believe people truly left their bodies.(24) Later, Sabom would conclude, “I have searched for such an explanation [naturalistic] over the past five years and have not yet found one that is adequate.”(25) Sartori dismissed the first NDE she encountered as “wishful thinking.”(26) None of the researchers I read appeared in any way to have started out as paranormal advocates who set out to study NDEs to prove their worldviews.

According to Dr. Bruce Greyson, professor of Psychiatry & Neurobehavioral Sciences at the University of Virginia and one of the most respected researchers in the field, “Most near-death researchers did not go into their investigations with a belief in mind-body separation, but came to that hypothesis based on what their research found.”(27)

Psychological Explanations

Objection #8: The descriptions of hospital rooms and doctors doing CPR could be explained by everyone's familiarity with television hospital scenes.(28)

Reply #1: This might explain some reports. But when researchers speak of corroborating events, they don't consider such general reports as "I saw nurses dressed in white and a doctor beating on my chest." Stories used for corroboration include unexpected details that someone couldn't have guessed. For instance, during open heart surgery, one patient observed, from outside his body, his cardiac surgeon "flapping his arms as if trying to fly." He reported his NDE and the quirky movement to his cardiologist, who showed great surprise that he could have known that. The explanation? This surgeon had a peculiar habit. If he had not yet scrubbed in and wanted to avoid touching anything with his hands, he would hold his hands against his chest and guide his assistants by pointing with his elbows. The researcher confirmed this event with the cardiologist, Dr. Anthony LaSala.(29)

Reply #2: Dr. Sabom set up a control group of cardiac patients who did not report NDEs. When he asked what they thought happened during resuscitation from cardiac arrest, they made significant errors, as opposed to the accurate descriptions by NDErs.(30)

Objection #9: It's only natural that they should dream of the afterlife, since they're psychologically primed by the common belief in an afterlife.(31)

Reply #1: A visit to the afterlife was NOT expected by those who didn't believe in the afterlife, which was a large percentage of van Lommel's subjects in Holland.

Reply #2: Much of what they experienced was totally unexpected, even by people who believed in an afterlife. First of all, many, if not most, didn't think they were dying. For the great majority, their experiences didn't come toward the end of long-term illnesses like cancer, where people know they're

about to die and thus psychologically prepare for death. Rather, many have a chest pain and suddenly flat line, so that there's no chance to think, "I'm dying." In van Lommel's study,

“Most patients experienced no fear of death preceding their cardiac arrest; its onset was so sudden that they failed to notice it.”(32)

Even for those who have indicators that they're in danger of death, remember that the first psychological reaction people experience when confronted with possible death is often denial, not acceptance.(33)

So expectations of death wouldn't seem to impact an event before which most weren't expecting death. Consistent with this observation, in many NDEs, when a person hovers above his body, it takes a moment for him to figure out that he's dead. Obviously, he wasn't expecting to die.

It's also relevant how many report being astounded at various points in their experience. They were astonished that they could see their bodies from above. They were astonished that nobody in the room could see them and they could go right through people. I could go on and on. Why would they have been so astounded if this were precisely what they were expecting? Of the hundreds of experiences that I read, I found no person reporting, "It's exactly the experience I expected to have when I died." The reports were quite the opposite. As researchers have discovered, "Experiences often run sharply counter to the individual's specific religious or personal beliefs and expectations about death.”(34)

Reply #3: Even for those raised in church-going families, the typical NDE experience isn't at all what they'd expect.

If I believed I was close to death, I'd be expecting my final death rather than a death I'd return from. Thus, drawing from my childhood exposure to Christianity, my mental picture of death consists of me standing in line, waiting to see a God with a visible body who sits on His throne.

I certainly don't have an expectation of first meeting loved ones in a place void of space and time where I hover over my hospital bed, communicate wordlessly to deceased relatives, travel through a tunnel, etc. In fact, I wouldn't expect any of the elements listed by Moody, at least not in the manner that people report experiencing them, even though I believe in an afterlife.

Again, if I thought I was dying, I'd expect what I picture for a final death, not an intermediary experience from which I'll return.

Reply #4: Although today many people have heard or read about NDEs, thus giving a subset of today's population some idea of what to expect, this certainly wouldn't explain the cases when Moody did his interviews in the 1970's, before this was widely reported.

Objection #10: Some experiences conform to cultural expectations.(35)

Reply #1: Often the differences mentioned weren't differences in the experiences themselves, but in their interpretation of the experience. For example, a Jew may report that he saw Jehovah; a Christian reports that she saw Jesus; a Muslim reports that he saw Allah. But upon further questioning, they may have each seen and spoken with a great bright light, which they assumed was to be identified with the God of their spiritual heritage.(36)

Reply #2: If these experiences are directed by God, it makes sense that He might personalize the experience to make it meaningful and comforting for each subject. Example: When children have NDEs, they often see their deceased pets rather than dead relatives (of which a five year old may not know any).

Reply #3: Once again, the really astounding thing about these experiences is the remarkable similarity of experiences, regardless of sex, race, ethnicity, socioeconomic status, education, or religious (or irreligious) preference. This has been demonstrated in well over a dozen studies.(37)

Physiological Objections

Objection #11: Parts of NDEs have been induced by electrically stimulating the brain or being disoriented as a pilot. Pilots on long, boring flights have been known to see themselves from outside the plane, looking in on themselves. During electronic stimulation of the brain, some people have seen certain body parts from a position outside the body.

Response #1: These experiences seem vastly different from the ones experienced in NDEs. A visual of your body in the distance (memories we could easily pull from our brains, since we typically imagine ourselves from a bird's eye view, for example, imagining ourselves walking along a beach) is far different from a visually stunning, interactive, direct communication with deceased friends and relatives and a personal life review discussed with a being of light.

Response #2: The much-heralded reports of electrical stimulation, magnetic stimulation, and epileptic seizures causing NDE-like experiences have been investigated and found unconvincing. They show no “striking similarity” to NDEs.(39) Temporal lobe seizures produce “random disorganized experiences.”(40) Ernst Rodin, Medical Director of the Epilepsy Center of Michigan and Professor of Neurology at Wayne State University, stated: “In spite of having seen hundreds of patients with temporal lobe seizures during three decades of professional life, I have never come across that symptomatology [classic components of NDEs] as part of a seizure.”(41)

Objection #12: Fighter pilots, during rapid acceleration, sometimes experience tunnel vision, pass out, and dream of friends.(42)

Reply: These experiences have been studied extensively and are very unlike NDEs. The dreams are reported as dream-like, not experienced with the extremely vivid, life-changing force of an NDE. The pilots see living friends and relatives in their dreamlets, not dead people. The so-called tunnel vision experienced by pilots is the absence of peripheral vision, not the perception of a

tunnel or the experience of moving through a tunnel. (It's caused by the reduction of blood pressure in the eyeballs, preceding a temporary loss of vision.) There's no life review. It doesn't end with a decision to return. The dreams aren't consistent at all – one will dream about being at home with his family, another in a grocery store, another floating in the ocean on his back.(43)

Objection #13: Oxygen deprivation can lead to certain elements of an NDE.
(44)

Reply #1: In many NDEs, the subject wasn't deprived of oxygen. In some cases NDEs occurred before any physiological stress(45), like an imminent traffic accident(46), or in a hospital where the oxygen levels in the blood were being carefully monitored.(47)

Reply #2: Researchers who are cardiologists are intimately familiar with the impact of oxygen deprivation in their patients, yet reject the depleted oxygen hypothesis. It's relevant that van Lommel, Sabom, and Rawlings are not only practicing physicians, but cardiologists – and not just your average cardiologists next door. Dr. Rawlings taught other physicians as part of the National Teaching Faculty of the American Heart Association.(48) Dr. van Lommel is a world-renowned cardiologist. Dr. Sabom was assistance professor of medicine, division of cardiology, at Emory University Medical School. It's an essential part of their daily medical practice to understand and monitor the impact of anoxia (no oxygen) and hypoxia (reduced oxygen) on their patients, particularly during a cardiac arrest, where anoxia can cause brain damage in as little as three to five minutes.

Reply #3: Many experiments have been done with oxygen reduction, so that the impact is well known. Reduced oxygen produces mental laziness, irritability, difficulty concentrating, difficulty remembering. As the oxygen supply dwindles further, the person becomes more disoriented and confused until he passes out. When the oxygen is cut off entirely, the brain ceases to function. This is precisely the opposite of the experience reported by those with NDEs, who speak of extremely vivid experiences, heightened clarity of thought, and extreme peace. In the thousands of cases where researchers have progressively reduced the oxygen supply to their subjects, not one has reported

an NDE.(49)

Reply #4: We can often pinpoint the time of the NDE, ruling out the NDE occurring just before blacking out or immediately prior to resuscitation. Reports from outside the body as to what was happening in the hospital room seem to rule out the NDE occurring just before blacking out or immediately prior to resuscitation.

Reply #5: An NDE is very different from experiences caused by lack of oxygen. A British Royal Air Force pilot experienced high altitude anoxia, then years later experienced an NDE. He reported that the two experiences were completely different.(50)

Reply #6: Let's imagine, for the sake of argument, that if you deprive your brain of enough oxygen, it will produce a full-blown NDE. Would this actually prove anything? After all, the more you deprive your brain of oxygen, the nearer you come to death. Thus, are you really saying nothing more than “taking a person close to death tends to produce a NDE?” But we already knew that. Drain a person of a certain amount of his blood and he may experience an NDE. Collide head on with a transfer truck at 70 mph and you may experience an NDE. Cut off your oxygen long enough and you might experience an NDE. (51)

Reply #7: Finding the trigger may not explain the experience. Imagine that I say to a ten-year-old, as we both stare at my computer, “It's beyond me how I can type a few words into the search box on my browser and a video trailer for ‘The Hobbit’ plays for me.” The child might reply incredulously, “It's this button, silly old man – pressing the ‘on’ button makes it all happen!”

Well, of course pressing that button starts the computer. But discovering the computer's “trigger” doesn't get us any closer to explaining the inner workings of a computer.

So theoretically, even if scientists one day shock a part of my brain that triggers a high definition, fully interactive near-death experience, they've done

nothing more than found a trigger that makes it happen. The deeper questions would remain unanswered:

- “What’s actually happening?”
- “Is the experience I triggered coming solely from the brain, or did I merely find a trigger in the brain that opens a gate to the other side?”
- “Why is it happening?”

If an NDE were purely naturalistic – a vivid visual experience that’s somehow hard-coded into a large number of brains, awaiting someone to push the go button (via oxygen deprivation, an electrode to the brain, etc.) - why is it that this very predictable experience, rather than an infinite number of other possible experiences, is hard coded there? And what worldview would best explain its presence in the brain – an atheistic or theistic worldview?

If the NDE experience were not an out-of-body experience, but were merely a high definition, interactive dream experience hard-coded in the brain, then from the atheist worldview it would seem that NDEs should produce some kind of significant survival benefit, otherwise classic Darwinism would imply that the experience would have never evolved and survived. But what possible survival benefit might that be? Rather than causing those who experience NDEs to yearn for a longer earthly life and expend their resources to make that happen, NDEs instead cause people to view their earthly lives as less desirable and focus more on the well-being of others rather than their own survival.

More useful than the current NDE, from a naturalistic standpoint, might be an experience whereby the being of light reviews, with great displeasure, instances where the subject consumed Big Macs and Twinkies while avoiding vegetables and exercise.

I’ll let three of the most respected authorities in NDEs – Dr. Bruce Greyson, Dr. Emily Williams Kelly, and Dr. Edward F. Kelly, sum up the current state of research on physiological explanations.

“...theories proposed thus far consist largely of unsupported speculations about what might be happening during an NDE. None of the proposed neurophysiological mechanisms have been shown to occur in NDEs. A naturally occurring ketamine-like substance, for example, has not been identified in humans (Strassman 1997, 31). Moreover, some of these proposals, such as the role of expectation or the presence and effects of anoxia, are inconsistent with what few data we do have.”(52)

Reflections on Naturalistic Explanations

We could talk about many other explanations, which have also been considered and found inadequate over the past 35 years of NDE study:

- Natural chemicals released by the body during trauma can have a euphoric effect. (While these might explain a feeling of peace, they hardly explain the appearance of all the specific elements of NDEs.)(53)
- The impact of drugs administered during cardiac arrest. (But what about NDEs in the absence of these drugs?)(54)
- Perhaps those who experience NDEs are prone to delusions. (Subjects are typically screened for this. Studies have found them psychologically healthy, not differing from those who don't experience NDEs regarding “age, gender, race, religion, religiosity, intelligence, neuroticism, extroversion, anxiety, or Rorschach measures.”(55)
- Perhaps patients are making things up. (But why the consistency of their stories? And what are their motives, since most NDErs are extremely reluctant to tell their stories, for fear of being ridiculed?)(56)
- Perhaps NDEs are a deception by Satan. (So why do the experiences motivate people to seek God, love people, and practice godly virtues?)
- Perhaps not one, but multiple physiological and psychological factors converge to produce the experience. (See my appendices on two such attempts: Susan Blackmore's 'Dying Brain Hypothesis,' and Dr. Kevin Nelson's book, *The Spiritual Doorway in the Brain*.)

Summary of Naturalistic Explanations

None of the naturalistic hypotheses I studied came anywhere near explaining this experience. As one thorough review of the studies on NDEs (up to 2005) concluded,

- “...research has not yet revealed a characteristic that either guarantees or prohibits the occurrence, incidence, nature, or aftereffects of an NDE.” (57)
- “...very little evidence exists that supports any of these hypotheses.”(58)

Other literature reviews concluded similarly.(59)

If this is indeed the current state of research, what is to be made of occasional articles with sensational titles that boast that naturalistic explanations have been found? For example, in 2011, Scientific American published the article “Peace of Mind: Near-Death Experiences Now Found to Have Scientific Explanations – Seeing your life pass before you and the light at the end of the tunnel, can be explained by new research on abnormal functioning of dopamine and oxygen flow.”

Articles of this nature that I’ve read fail to show an even basic familiarity with the wealth of NDE research over the past 35 years. Instead, they just repeat the same worn-out hypotheses that have been shown inadequate time after time during decades of research.(60) For a review of this popular Scientific American article, see Appendix #2.

The present state of research finds naturalistic explanations inadequate. But this doesn’t mean that we must instead accept a hypothesis that invokes the supernatural. One could always argue that better naturalistic explanations may present themselves in the future. Yet, the evidence presented in the next section makes doubtful the potential of any hypothesis to explain NDEs as purely naturalistic phenomena.

Chapter 5

Do NDEs Provide Compelling Evidence That God and Heaven Exist?

As I said in the preface, when making decisions, we typically seek sufficient evidence rather than the absolute proof that can be obtained only in predefined fields such as math. I can prove absolutely that $1 + 1 = 2$, but only because we agree to a definition of each of those symbols and because my little equation currently refers to nothing in the real world.

But what if my wife says, “Check the house before we go to bed. How many people are here?” I might peek in every room and report, “I count only two of us.” (Applying my math, Cherie plus me equals two.) But upon reflection, once I introduced real objects into the equation, I also introduced doubt. After all, did I really check every closet and the attic? And even if I checked the house thoroughly, how could I know with absolute certitude that one of our stealthy teens didn’t climb in through a window immediately after I checked his room?

My point? There will always be evidence pro and con for any decision we face and multiple hypotheses can be set forth to explain any phenomena. So in the same way that we make most of life’s important decisions, whether they be in our personal lives (“Should I marry her?”), in a scientific field (“Is relativity correct?”), or in a courtroom (“Is he guilty?”), we’re weighing the evidence to decide which hypothesis best fits the data we’ve observed. Some call it inferring to the best explanation.

While many arguments have been forwarded to try to explain NDEs naturalistically, don’t let the number of proposed explanations cloud the issue. We could spin new hypotheses all day long.(1) But at the end of the day, our task is to decide which explanation best explains the data.

To simplify matters, we have only two broad explanations before us:

Explanation #1 - The spiritual explanation - In a near-death experience, the person is truly alive, with a fully functioning mind, in a nonmaterial, spiritual

world outside the body.

Explanation #2 - The naturalistic explanation - The NDE experience can be explained solely in terms of brain function. It may be caused by lack of oxygen, psychological expectations, or a host of other naturalistic causes. If it can be satisfactorily explained in naturalistic terms, there's no need to postulate an independently functioning mind and heavenly realms.

Above, we examined the main explanations put forth to defend a naturalistic explanation. Now we'll look at the evidence for the spiritual explanation. As you read, ask yourself the question, "Which of these two explanations (hypotheses) best accounts for the known facts?"

Exhibit #1 - Reports (from outside the body) of the hospital room or accident location provide corroborating evidence.

According to Moody, "Several doctors have told me...that they are utterly baffled about how patients with no medical knowledge could describe in such detail and so correctly the procedure used in resuscitation attempts, even though these events took place while the doctors knew the patients involved to be 'dead.'"(1)

Here's an example:

A comatose man was found in a park and given heart massage by passers-by. Upon arrival at the coronary unit, while he was still comatose, a nurse removed the man's dentures and put them in a crash cart. After about ninety minutes, his blood pressure and heart rhythm stabilized, but he remained comatose and was transferred to intensive care. Over a week later, he came out of his coma and was transferred back to the coronary care unit, where he spotted the nurse and said, "...you know where my dentures are." He described the crash cart, with bottles on top of it, and the sliding drawer underneath, where his dentures had been placed.

He said that he watched the entire scene from above, outside his body. Further, he accurately described the room and those who were present, noting that he was very concerned that they might stop trying to resuscitate him. The nurse confirmed

everything, including the fact that during their attempts at resuscitations, they were “extremely negative about the patient’s prognosis.”(2)

This isn’t an isolated example.(3) The books and studies I read presented an abundance of cases with specific, corroborating evidence.(4) Evidence of accurate perception while outside the body might involve finding objects that were lost, accurately reporting specific conversations they heard while under deep anesthesia, identifying unexpected or unusual objects, seeing people in another room doing an activity like praying, giving vivid detailed descriptions of the operating procedure, seeing someone on the other side who they didn’t know had died, meeting someone on the other side who they’d never met and/or knew existed (like a still-born sibling or their real father - who could be later identified with pictures), etc.(5)

Cases claiming corroboration are scattered throughout the professional literature.(6) Fortunately, Professor Janice Holden, Chair of the Department of Counseling and Higher Education at the University of North Texas, identified over 100 such cases, noting the publication and page numbers. Many more corroborated cases exist, but she chose to exclude, for example, autobiographical books, books that didn’t report a systematic study of NDEs, and “single case studies described outside the peer-reviewed literature.” She included only incidents where people were actually near death. (Those who want to read a large number of cases with corroboration can use Holden’s collection in Appendix #8 as a starting point.)

If I were an atheist, this evidence would make me squirm. Attempts to explain this naturalistically appear to fall woefully short. If these are merely good guesses, as some suggest,(7) naturalists should put forth a reasonable hypothesis as to why people guess so extraordinarily well during NDEs. (Or perhaps great guessers, for some naturalistic reason, tend to have NDEs. Let them compete on Jeopardy.) As the evidence stands today, good guessing falls short as an explanation, once you read the cases in detail.(8)

Dr. Sartori, in her five-year prospective study of NDEs in the United Kingdom, tested the “good guesses hypothesis.” She asked cardiac patients who didn’t report seeing their bodies to try to guess what happened during their resuscitation. According to Sartori:

“Twenty-eight of these patients were unable to even guess as to what procedures had been performed. Three reported scenario based on things they had seen in popular hospital dramas on TV and two guessed about the scenario. All had errors and misconceptions of the equipment used and incorrect procedures were described. Many guessed that the defibrillator had been used when, in fact, it had not. ...This contrasted significantly with the surprisingly accurate accounts made by patients who claimed to be out of their bodies and observing the emergency situation.”(9)

Cardiologist Michael Sabom did an exceptional job of questioning his NDErs about their operating procedures. Skeptical from the start about the reality of their claims to out-of-body experiences, he slowly came around after he saw how detailed and accurate they could be in their descriptions. Sabom notes that each resuscitation can differ in significant ways, making it very unlikely they could guess which procedures, in what order, were used in their cases. Concerning one patient, Sabom reports,

“When I asked him to tell me what exactly he saw, he described the resuscitation with such detail and accuracy that I could have later used the tape to teach physicians.”(10)

Imagine you’ve been chosen for jury duty, deciding a case where a doctor has ordered his patient to enter a psychiatric ward because, after her cardiac arrest, she claimed to have visited heaven and spoken to angels. The defense argues that she is perfectly sane and actually visited heaven. The prosecution argues that such events are impossible and all who claim them are delusional. During eight hours of testimony, the defense lines up 100 NDErs to testify that they too made the trip to the other side. Accompanying each NDEr are doctors, nurses, and family members who verify things seen and heard while outside their bodies. Would this evidence be compelling to an unbiased jury?

Exhibit #2 – NDErs Report Enhanced Mental Functions While their Brains were Severely Compromised.

NDEs can’t be explained by brain processes if the brain isn’t functioning well

enough to produce vivid consciousness. This is what initially baffled van Lommel concerning his early patients who experienced NDEs. The experiences occurred when their brains were apparently not functioning.(11) To expand upon this for his readers, he wrote entire chapters on “What Happens in the Brain When the Heart Suddenly Stops?” and “What Do We Know About Brain Function?”(12)

Atypical cases of consciousness while under anesthesia or during cardiac arrest do exist. An extremely small percentage of people (.18 percent, or less than two out of 1,000)(13) have reported brief episodes of consciousness under general anesthesia. For those who do experience consciousness (sometimes due to improper administering of anesthesia), it’s not pleasant.(14) There have been cases of people experiencing brief consciousness during CPR(15), before the heart establishes a rhythm of its own. But the reason such cases are written up in the literature is that they’re so rare.

By far the typical experience reported by those undergoing anesthesia or experiencing cardiac arrest is no memory of anything. In such circumstances, the brain is unable to either maintain consciousness or form memories.(16) Yet, during this time, NDErs consistently report, not vague, confused consciousness, but vivid, “realer than real” consciousness. It’s like their brains are on hyper drive, some reliving their entire lives within a brief span of time. And their memories, as we have seen, far from being cloudy and fleeting (as we’d expect from a compromised brain) are retained so efficiently that decades later they report remembering each detail as if it happened yesterday.

Corroborating evidence from studies of patients observed in the hospital room during their out-of-body experiences confirms that many NDE’s couldn’t have been vivid dreams that occurred immediately prior to unconsciousness or during the early stages of resuscitation. Other medical data argues against patients piecing together information they picked up while still conscious. During the brief moments when the brain is losing or regaining consciousness, due to loss of blood flow to the brain (e.g., in cardiac arrest) or anesthesia, brain function is disorganized and confused. Memory is also severely impacted.(17)

Here’s an example (which we summarized in the preface):

Pamela Reynolds, a thirty-five-year-old mother, underwent a complex surgery to repair a giant aneurysm in a cerebral artery. As reported by cardiologist Michael Sabom and Neurosurgeon Robert Spetzler, in preparation for the surgery they lowered her body temperature to about 50 degrees Fahrenheit and drained all the blood from her head, so that her brain was had ceased functioning by all three clinical tests - “her electroencephalogram was silent, her brain-stem response was absent, and no blood flowed through her brain...” Additionally, her eyes were taped shut, she was put under deep anesthesia, brain stem activity was monitored with “100-decible clicks emitted by small molded speakers inserted into her ears” and her entire body, except for the small area of the head they were cutting on, was covered completely.

During this time, Reynolds experienced a vivid NDE where she watched part of the surgery and reported back to the doctors what she saw - describing in minute detail the specialized instruments they used for the surgery. For example, she described the saw as looking “a lot more like a drill than a saw. It even had little bits that were kept in this case that looked like the case that my father stored his socket wrenches in when I was a child.... And I distinctly remember a female voice saying: ‘We have a problem. Her arteries are too small.’ And then a male voice: ‘Try the other side.’”

The instruments were covered prior to her surgery, so there’s no way she could have seen the instruments beforehand. She went on to describe passing through a tunnel, talking to deceased relatives who looked like they were in the prime of life, and being sent back to her body to wake up at resuscitation. Note: Reynolds describes her NDE as a continuous, uninterrupted narrative, from the onset of her surgery till she was sent back from the other side and regained consciousness.

Doctors Sabom and Spetzler (director of the Barrow Neurological Institute) confirmed the accuracy of what she both heard and saw in the operating room. Even if portions of her near death experience took place during general anesthesia rather than after the blood was drained, this vivid, accurate experience occurred while she was heavily sedated, with her brain monitored in three ways to ensure that she was deeply anesthetized. Before the draining of the blood, her eyes were taped shut. A loud clicking at a rate of 11 to 33 clicks per second continually assaulted her ears. The volume of the clicks, between 90 to 100 decibels, has been likened to the sound of a subway train, a whistling teakettle, or a lawn mower. Even if the sedation failed, the

clicking would prevent her from hearing and the tape would keep her from seeing. How could she have known these things unless she was observing them outside of her body?(18)

If mental functions present themselves as remarkably clear, lucid, and even enhanced,(19) while the brain is severely compromised, the afterlife hypothesis (the mind can exist independently from the brain) would seem to fit the data better than a naturalistic hypothesis (mental functions are produced solely by the brain).

Exhibit #3 - The presence of remarkably consistent, yet unexpected elements, are not what we'd predict from a psychologically induced dream state.

Remarkable Consistency

Dreams differ wildly from individual to individual. So why the remarkable consistency of NDEs, if they're simply dream states?

Reflect upon the random nature of dreams. If 20 people go to sleep agitated, some may indeed have dreams that reflect agitation, but each dream would likely be completely different. One dreams of hanging out with an obnoxious person. Another dreams of camping out in poison ivy.

We'd be shocked and mystified if we interviewed hundreds of people who fell asleep agitated and find that 95 percent of them reported a uniform dream – like living in a large city inhabited by zombies. We'd be even more mystified if they reported uniform zombie characteristics that differed from typical zombie movies, such as “all zombies in my dream communicated via tapping Morse code on each other's shoulders.” With no expectations of such strange behavior, the uniform experience would likely defy explanation.(20)

That's why there's something very odd about what Moody refers to as the “striking similarity”(21) of NDE reports. What people experience on the other side forms a pretty consistent picture of life in another dimension. Why such consistency, if it's nothing more than a dream state? While the reports are personalized (for example, the

content of their conversations and the familiar relatives they see) they are remarkably consistent regarding the specific, often unexpected nature of this otherworldly life.

As Dr. Rawlings writes:

“The remarkable repetitive sequence of events and parallel experiences in completely unrelated cases seem to exclude the possibility of any coincidence or connecting circumstances during this out-of-the-body existence.”(22)

Unexpected Details

If NDEs were merely vivid dreams that resulted from people’s expectations concerning death, I’d expect a close correspondence between people’s expectations and what they actually report.

Yet, most of what they report was totally unexpected. Who would expect the typical experience of communicating directly mind-to-mind rather than using the medium of language? Who expects to encounter a dimension where both time and space seem to vanish, where they can see both up close and far away with equal clarity, and view an entire lifetime in an instant? A bright light might be expected by some, but who expects the common experience of not having to squint while looking at the extreme brightness?

If such consistent elements were due to people’s expectations, those reporting NDEs should typically report that they experienced precisely what they were expecting. But they don’t. Who would possibly be expecting such odd things, unless they’ve studied NDE literature and believed the reports?

Yet among Van Lommel’s subjects, 43 percent hadn’t even heard of NDEs, much less believed in them.(23) Those who are aware of NDEs, believe in their reality, and expect one to occur would seem to comprise an extremely small percentage of the population, especially in a land like Holland, where more than half of the population “is relatively confident that death is the end of everything.”(24) Thus, the average Dutch patient would have the expectation of seeing absolutely nothing after death.

And remember, NDEs weren't widely reported prior to Moody's study, so that it's very unlikely that any of his subjects had heard of NDEs. Moody actually coined the phrase, "near-death experience."

Moody (later confirmed by other researchers) noted 15 specific, common elements that people reported with remarkable consistency. (The 11 elements I mention below actually take place during the NDE.) As I reflect upon the list, I find that all of these elements have qualities that differ significantly from what I'm expecting when I die. I'd suggest that I'm fairly typical of mainstream religious Americans here, representative of many of those studied by Moody.

Again, please note that my expectations, as well as almost anyone who comes near death, would be of a final death rather than a near-death experience. Surely nobody comes to the brink of death thinking, "I'm about to die and come back to life!"

So here are the common elements of an NDE as observed by Moody, contrasted with my differing expectations.

- **Ineffability** - Before studying NDEs, I assumed that if I had such an experience, I could pretty easily describe it to others.
- **Hearing a doctor or someone saying I am dead** - I don't expect to hear this.
- **Feelings of peace and quiet** - After death and before some sort of judgment, I'd expect some combination of incredible excitement and a severe case of the jitters, certainly not the complete state of peace reported in NDEs.
- **Hearing a noise** - A buzz or ringing. No expectation of this.
- **The dark tunnel** - Heard of it, but not expecting it.
- **Out of the body** - Yes, I expect to be out of my earthly body, but not in my hospital room, near those who are still living, looking down at my body from the ceiling.
- **Meeting others** - Yes, I expect to meet people who've died before me, but after some kind of meeting with God. I have no expectation of communicating with beings directly from mind to mind. I picture speaking and hearing in English, since

that's my native language.

- **The being of light** - I expect to meet God, but picture Him as having bodily features (face, arms, hands) rather than just light.

- **The life review** - I expect some sort of reward for deeds done while on earth, but not the type of life review that people are reporting – with no sense of time, almost reliving it rather than just watching in a detached way, experiencing all the feelings of those I impacted when I see myself doing things. I also expect this to come after a word from God about Jesus' atonement. (Were my sins truly forgiven?)

- **A border or limit** - I don't expect to come to a place where I feel that if I go beyond, I'll have to stay.

- **Coming back** - I don't expect to return to my body after I die. I'm expecting a final exam, not a midterm.

So when people say, "An NDE is no more than a vivid dream caused by people's expectations of the hereafter," I couldn't disagree more. It's not at all what I would expect; neither does it seem to be what the vast majority of others expect. Moody concurs:

"...what is most generally reported is manifestly not what is commonly imagined, in our cultural milieu, to happen to the dead."(25)

And since many of the people didn't even know they were dying, how can those be deemed psychologically induced?(26)

People hold widely diverse beliefs about what will happen immediately following death. Several studies have found that that beliefs prior to the NDE didn't impact whether people had an NDE or not – neither prior knowledge of NDEs, their religious beliefs, nor their standard of education.(27) Many who had NDEs didn't have a prior believe in life after death at all. According to van Lommel,

"Any kind of religious belief, or its absence in nonbelievers and atheists, was irrelevant...."(28)

It's typical for people to report repeatedly how astounded they were at what they experienced, underscoring how totally unexpected many of their experiences were.(29)

- Van Lommel speaks of the “utter amazement” people report concerning such elements as being in the hospital room, out of their bodies, without people being able to hear or see them.(30)

- One subject reported, “Now, this whole thing had just astounded me, took me completely by surprise.”(31)

The combination of astounding consistency with unexpected details seems much more consistent with actually visiting the other side (the spiritual hypothesis), rather than a vivid dream brought about by expectations (a naturalistic hypothesis).

Exhibit #4 – NDEs aren't abruptly interrupted, distinguishing them from dreams and hallucinations

This is related to Exhibit #3, but perhaps deserves special treatment. For a week or so, reflect upon your dreams immediately upon awakening. Did your dreams typically end with closure, like the end of a movie, or were they interrupted mid story upon awakening?

Analyzing my own dreams over a period of months, I found that all of them stopped mid-stream, often in the middle of a sentence. There was no closure. A story would be developing, a conversation would be taking place, but then it would cut off abruptly when I woke up. And if you think about it, that's precisely what we would expect of dreams and hallucinations. They should end when we wake or return to reality, regardless of where they are in the story line, because dreams aren't timed to end when we wake.

If NDEs were either dreams or hallucinations, wouldn't we expect them to end abruptly, when sedation is discontinued or when the heartbeat is restored?

Yet, NDEs bear more resemblance to movie endings than dream endings. Meg Ryan finds the perfect guy. They fall in love and move into their dream home. The end. We'd be shocked if the film cut off abruptly, mid plot, mid sentence. Why? Because movie story lines aren't random – they're planned, scripted, designed to end with closure.

Moody identified “coming back” as one of the common elements of NDEs.(32) In Long's study, most of his NDErs reported being involved in their decision to return to their bodies.(33) As Sabom reported, “In the majority of cases, this ‘return’ was either influenced or directed by another spiritual being.”(34)

This seemed significant to me. Yet, I wondered, what of the reports where there was no discussion about coming back? Did they cut off mid sentence and find themselves abruptly back in their bodies? Although I'd never run across a case like that, perhaps they were common but researchers never reported them. I decided to research it myself.

I studied 50 consecutive NDEs (from the most recently submitted working back consecutively) plus over 50 nonwestern NDEs as submitted to Dr. Long's website.(35) I fully expected that at least some would report an abrupt ending, since most scientific studies seem to find anomalies and outliers. Yet, not one of these NDErs reported a disruptive ending. Indeed, the majority spoke of a conversation ending in a decision to return, or just knowing that it was time to return. But even in cases that didn't include a conscious decision to return, I saw no NDE that was cut off abruptly, like mid-sentence.

For an example of closure, here's the conclusion of an NDE from someone who almost drowned:

I heard a voice say, "It is not yet your time. You'll be alright." I couldn't tell if it was a male or female voice. Next thing I knew, my brother grabbed the back of my coat and pulled me out of the water.(36)

Since I've not heard this issue discussed among researchers, I'd like to leave it rather tentative. Perhaps it's very significant. On the other hand, perhaps further NDE

research will yield alternate explanations. In personal correspondence with NDE researcher Bruce Greyson, he suggested, “We don’t know whether the account of making that decision or being sent back is a retroactive distortion of how the NDE really ended.”

I’d like to see more research on this. Are there parallels to this experience in dream research, such as the brain retroactively inventing a story line to go with a certain feeling or pain or intuition? If so, is it likely that the closure story could be triggered by the brain to retroactively coincide with the feeling of regaining consciousness?

But even if some decisions to return could be explained in this manner, it still doesn’t explain why so extremely few, if any, NDEs are interrupted mid sentence, as we typically find in dreams and hallucinations. They seem more like movie scripts – planned, directed, and designed to end with closure. This data seems to fit better with NDEs being a real experience with the other side, rather than a naturally occurring dream state or hallucination.

Exhibit #5 - Children’s NDEs Provide Unique Evidence(37)

Seven-year-old Katie was found floating face down in a YMCA swimming pool. Pediatrician and medical researcher Melvin Morse resuscitated her in the emergency room, but she remained profoundly comatose – massive swelling of the brain, no gag reflex – with an artificial lung breathing for her. He gave her a ten percent chance of surviving.

Astonishingly, she made a full recovery within three days.

When she returned for a follow-up appointment, Katie recognized Morse and told her mom, “That’s the one with the beard. First there was this tall doctor who didn’t have a beard, and then he came in. First I was in a big room, and then they moved me to a smaller room where they did X-rays on me.”

She mentioned other details, like putting a tube down her nose – all accurate, but “seen” while her eyes were shut and her brain was deeply comatose.

Morse asked her what she remembered about her near drowning. After all, if it resulted from a seizure, she might have another one.

She responded, “Do you mean when I visited the Heavenly Father?” That sounded pretty interesting, so Morse responded, “That’s a good place to start. Tell me about meeting the Heavenly Father.”

“I met Jesus and the Heavenly Father,” she said. Perhaps it was his shocked expression. Perhaps her natural shyness kicked in. Whatever the reason, that’s all she’d say for that appointment.

Next week, Katie was more talkative. She remembered nothing of the drowning, but recalled an initial darkness, then a tunnel through which Elizabeth came. She described her as “tall and nice,” with bright, golden hair. Elizabeth accompanied Katie through the tunnel, where she met several people, including her late grandfather, two young boys named Mark and Andy, and others.

Katie also reported visiting her earthly home, where she saw her brothers pushing a GI Joe in a jeep, while her mom cooked roast chicken and rice. She even knew what they were wearing. Her parents were shocked at the detailed accuracy.

Finally, Elizabeth took Katie to meet the Heavenly Father and Jesus. The Father asked if she wanted to go home. She wanted to stay. Jesus asked if she wanted to see her mother. She said, “Yes” and then woke up.

It took about an hour for Katie to tell the story, but that hour changed Dr. Morse’s life. He interviewed the intensive care nurses, who said that Katie’s first words were, “Where are Mark and Andy?” She asked for them repeatedly. Morse reflected on Katie and her manner of telling the story. Although extremely shy, she spoke of the experience in a “powerful and compelling way.”

Morse spent hours talking to the parents about anything from Katie’s background that could help explain such an experience. They were Mormons and hadn’t talked to

her about tunnels, guardian angels and such. When Katie's grandfather died, her mom had told her that death was like sending someone on a boat ride, while the friends and family have to stay on the shore.(38)

Morse published the case in the American Journal of Diseases of Children(39) and considered further research. He had a grant to do cancer research, but the grant director, Janet Lunceford, supported his wish to instead study children with NDEs through Seattle Children's Hospital. He assembled a team of eight researchers, each of whom had relevant expertise. For example, Dr. Don Tyler was an expert on anesthetics and their effects upon the brain. Dr. Jerrold Milstein, director of the Department of Child Neurology at the University of Washington, studied the brain stem and hippocampal function.(40)

Morse concluded from his three-year study:

We are taught in medical school to find the simplest explanation for medical problems. After looking at all the other explanations for near-death experiences, I think the simplest explanation is that NDEs are actually glimpses into the world beyond. Why not? I've read all the convoluted psychological and physiological explanations for NDEs, and none of them seem very satisfying.(41)

He published the results of his study in a medical journal and wrote a book to give further detail.(42)

When children have NDEs, they experience the same elements as adults.(43) Yet, it's extremely doubtful that they've heard of NDEs or have expectations similar to adults. Their childlike spontaneity in describing events totally outside their previous learning or experience provides a unique and powerful line of evidence. This is part of the appeal of little Colton's NDE in Heaven is for Real. His reports were spontaneous and childlike, describing from his point of view things that adults could more fully understand.(44)

If childhood experiences were tailored to what they wanted to see in a time of extreme illness, surely they'd dream of their parents. Instead, they often see deceased

grandparents or pets. And like adults who experience NDEs, their lives are impacted for the long haul. They become more empathetic than their peers, sensing the emotions behind spoken words. They want to help others and gravitate toward the helping professions – nursing, medicine, and social work.(45)

Here's another child's experience. A five-year-old contracted meningitis, fell into a coma, and awoke reporting that he'd met a little girl on the other side who claimed to be his sister. She said to him,

“I'm your sister. I died a month after I was born. I was named after your grandmother. Our parents called me Rietje for short.”

When he awoke and told his parents, they were shocked and left the room for a moment, then returned to tell him that he indeed had an older sister named Rietje who'd died of poisoning a year before he was born. They had decided not to tell him until later in life.(46)

The childhood NDE seems to clearly fit better with the spiritual hypothesis than naturalistic hypotheses that lean on expectations or wish fulfillment, especially when corroborating details are present.

Exhibit #6 - Deathbed Visions Provide Corroboration.(47)

The first known attempt to pull together accounts of people's deathbed visions was by Sir William Barrett, professor of experimental physics at Ireland's Royal College of Science. His study was prompted by his wife (who was a physician), who rushed home to tell Sir William about a remarkable vision seen by Doris, a lady who was about to die after giving birth to her child. Doris spoke with great delight about seeing her deceased father. Then, with a rather puzzled expression, she said, “He has Vida with him.” Doris turned toward her and repeated, “Vida is with him.” She soon died.

Doris' sister Vida had died three weeks before, but nobody had told Doris, due to her state of health.(48)

Three large-scale studies of deathbed visions were done in the second half of the twentieth century. The first study collected and analyzed the reports of nurses and doctors concerning over 35,000 patients. A second gathered about 50,000 reports. These were both American studies. Later, a third study compared 255 reports of deathbed visions in India. Amazingly, “the results from the Indian survey were in agreement with results from the earlier surveys on almost all points.”(49)

Some points of evidential interest from these studies:

1 - Those who said that the deceased relatives or angelic beings had come for the purpose of taking them away, tended to die sooner than the ones who merely spoke of seeing beings on the other side.(50)

2 - Sometimes the visions were reported by people who were not expected to die, thus ruling out expectations as the cause. A college-educated Indian man, still in his 20s, was doing very well after a hospitalization. He was to be discharged that day and both the doctor and the patient fully expected a recovery. Suddenly the patient shouted, “Someone is standing here dressed in white clothes. I will not go with you!” He died within ten minutes.(51)

If these visions were caused by culturally influenced expectations, you’d expect them to differ vastly from person to person and culture to culture. Their high degree of convergence would seem to fit better with a spiritual explanation (there is an afterlife) than a purely naturalistic explanation (there is no afterlife).(52)

Exhibit #7 - “Shared NDEs” Provide Multiple Eye Witnesses.(53)

Often, those who are near (relationally and/or physically) the dying share the NDE. These reports are evidentially valuable in that several people may independently report and corroborate the experience. Additionally, these reports can’t likely be explained by naturalistic explanations such as the dying brain hypothesis, since those sharing the experience were not in the process of dying. Neither were they suffering from oxygen deprivation, hypercarbia, fear of personal death, or other symptoms that may influence the brain at death.

Here's an example experience, corroborated by all who were present:

Five members of the Anderson family in metro Atlanta were at their mother's bedside as she was dying. Since this was the end of an extended illness, none were especially psychologically distraught at the time. As one of the daughters reported, "Suddenly, a bright light appeared in the room." The appearance of the light was unlike "any kind of light on this earth. I nudged my sister to see if she saw it too, and when I looked at her, her eyes were as big as saucers. ...I saw my brother literally gasp. Everyone saw it together and for a little while we were frightened."

They next saw lights that shaped themselves into an entranceway. Her mother left her body and departed through the passage, ushering in a feeling of ecstatic joy. They all agreed that the entranceway resembled the Natural Bridge in the Shenandoah Valley.(54)

Other shared experiences may include portions of the deceased's life review, so that they see and experience friends of the deceased that they never knew. One experiencer subsequently looked in a year book and recognized people first seen in the life review.

Since these experiences come unexpected, researchers can't attribute them to wish fulfillment. And even if some fervently wish to see someone's soul depart, it's unlikely that they'd share such unexpected elements as distortions in the room, which were reported in many unrelated cases.(55)

When I read Moody's recent book on shared experiences, I assumed that such experiences were pretty rare. Only Moody, I reasoned, could come up with a large collection of shared experiences, since he's interviewed thousands of people with NDEs over his lifetime.

Thus I was surprised that in interviewing my own close contacts, I found one of my relatives, a retired history teacher who holds a masters degree, telling me of his own shared death experience. Bucky woke at 3:00 AM feeling an extreme heaviness on his

chest, much like people report in a heart attack. He saw a light in the distance, then came out of his body and looked down at his body from the viewpoint of the ceiling and observed some celestial beings. (From this vantage point, the light was now behind him.) He experienced the extreme peace reported by so many in NDEs. He came to in his bed, in a serious sweat, and immediately the phone rang. His father, who lived 90 miles away and had not been ill, had suddenly died of a heart attack.(56)

Reports of the shared death experience seem to take the evidence to a new level, since more than one person can often testify to experiencing the same paranormal phenomena. And again, since friends and family weren't experiencing the psychological and physiological symptoms of dying, you can hardly attribute it to anoxia or another characteristic of dying brains. Moody shares scores of these accounts, many of them containing corroborating evidence, in his 2010 book, *Glimpses of Eternity: Sharing a Loved One's Passage from This Life to the Next*.

Exhibit #8 - Face to face interviews have a strong impact on researchers.

Dr. Moody says that before his interviews, he would have dismissed such tales out of hand. The interviews changed his mind.(57) Dr. van Lommel was a convinced materialist, but never forgot that extremely emotional patient who came back from a cardiac arrest speaking of "a tunnel, colors, a light, a beautiful landscape, and music."(58) Dr. Rawlings originally regarded most of the NDE stories he heard as "fantasy or conjecture or imagination," until one of his patients repeatedly died and resuscitated, each time reporting with great emotion what he was experiencing on the other side. The genuineness of the patient compelled him to take the experience seriously.(59)

One of the men I interviewed was a successful, intelligent, respected, self-confident man of about 60 years. I started the interview with friendly chitchat, then asked him about his experience. He choked up. I don't mean I saw a hint of a tear in his eye as he talked. I mean he couldn't speak at all until he reined in his emotions. He apologized and took a few more moments to regain his composure.

To me, from the perspective of the interviewer, I had no doubt that he was profoundly sincere – absolutely certain he'd left his body, entered another dimension,

and spoken to three beings about whether or not to return to earth. He said it was “absolutely distinct from a dream.” What he experienced was real, powerful, unforgettable, and life-changing.

While this may at first seem like a rather subjective point, remember that in a court of law the apparent sincerity of the witness can legitimately count as evidence. If a woman appears to be genuinely scared of her husband, the judge may issue a restraining order. Of course, she may be a great liar and actress, and with NDE reports, each case should be screened for attention seekers.

On the one hand, little Colton (Heaven is for Real) seemed to be innocently childlike in his reports. On the other hand, my skeptical side tells me that children like attention, and Colton’s descriptions of heaven provided plenty of it! That doesn’t necessarily invalidate his testimony, but we’d be unwise to ignore this potential motivation. In the case of certain ministers, a YouTube interview dramatizing their NDEs might be just the thing to rejuvenate their book sales.

But in the case of most NDE reports, there’s scant motivation for lying. As we’ve seen, the typical hospital patient is extremely reluctant to share her experience, as is borne out by many studies. They don’t stand to get a cash reward or a respectability badge for claiming to have been to heaven and back. In fact, they have very strong motives for not reporting the event or for lying by claiming “it was only a vivid dream.”

If you’re interested in this line of evidence, look for several intelligent, level-headed people who’ve experienced NDEs. I found a dozen by simply asking friends and family members if they knew people who’d had NDEs. I personally interviewed some of them. Seeing NDErs’ sincerity – their utterly convincing inflections and expressions – led many interviewers to conclude, “They’re totally convinced that they visited the other side. Had I had their experience, I’d likely believe just as strongly that I’d been to the other side. So why should I wait for my own experience in order to believe?”(60)

Moody, reflecting on the many people he interviewed, notes,

“No one has seen fit to proselytize, to try to convince others of the realities he experienced. Indeed, I have found that the difficulty is quite the reverse: People are naturally very reticent to tell others about what happened to them.”(61)

“...many have remarked that they realized from the very beginning that others would think they were mentally unstable if they were to relate their experiences.”(62)

Exhibit #9 - The deaf “hear.”

Listen to the account of a boy who was born deaf, describing his near-death experience:

“I was born profoundly deaf. All my relatives can hear, and they always communicate with me through sign language. Now I had direct communication with about twenty ancestors via some kind of telepathy. An overwhelming experience....”(63)

“Overwhelming” indeed. He’s neither heard nor understood verbal communication. Yet he finds himself communicating effortlessly, not through sign language, but directly mind to mind, without learning a new form of communication. This in no way fits what we know of the workings of the brain.

Exhibit #10 - The color-blind see colors.

I’m color-blind. Actually, I can see some colors, enough to understand the concept of differentiating colors. But it’s serious enough that the last time I took a color-blind test, the nurse laughed at me: “Come on! Surely you can see something there!”

Thus, if I ever have a near-death experience, I’ll likely be astounded at the range of colors. Although those who aren’t color-blind also mention seeing new colors, the range seems particularly astounding to the color-blind.

Consider this NDE:

“I can distinguish the primary colors, but pastels all look the same to me. But suddenly I could see them, all kinds of different shades. Don’t ask me to name them because I lack the necessary experience for that.”(64)

Reflecting upon this phenomenon, although I understand the concept of colors, I can’t even conceive of the colors I can’t see. Thus, if I were to encounter a life-threatening situation, I have neither a visual expectation of certain colors (psychological preparation), nor memories of the elusive colors for my brain to pull from (to be revealed in stimulation of the brain). Predictably, I don’t see new colors in my dreams.

Once again, naturalistic hypotheses seem inadequate to account for this experience.

Exhibit #11 - The blind see.(65)

People born blind don’t dream in visual images. Even those who lose their sight during their first five years tend to not have visual imagery later in life.

Yet, when researchers studied 31 blind people (nearly half of them blind from birth) who reported NDEs, they found:

- “...blind persons, including those blind from birth, do report classic NDEs of the kind common to sighted persons; that the great preponderance of blind persons claim to see during NDEs and OBEs [out of body experiences]; and that occasionally claims of visually-based knowledge that could not have been obtained by normal means can be independently corroborated.”(66)
- “...inspection reveals no obvious differences among sight subgroups with respect to the frequency of NDE elements. Thus, whether one is blind from birth, loses one's sight in later life, or suffers from severe visual impairment, the type of NDE reported appears to be much the same and is not structurally different from those described by sighted persons.”

- “Like sighted experiencers, our blind respondents described to us both perceptions of this world and otherworldly scenes, often in fulsome, fine-grained detail, and sometimes with a sense of extremely sharp, even subjectively perfect, acuity.”(67)

Take the case of Vicki, who was born blind and at the age of twenty-two fell into a coma after a car wreck. According to Vicki,

“I’ve never seen anything, no light, no shadows, no nothing.... And in my dreams I don’t see any visual impressions. It’s just taste, touch, sound, and smell. But no visual impressions of anything.”

After the wreck, she found herself viewing, with perfect clarity, a scene in an emergency room where a medical team was frantically working to revive a person. She recognized her wedding ring (which she knew by touch) and began to realize that the body was hers and that she must have died. She went up through the ceiling and saw trees, birds, and people for the first time. “...it was incredible, really beautiful, and I was overwhelmed by that experience because I couldn’t really imagine what light was like.” Before coming back, she went on to meet some people who had preceded her in death.(68)

Dr. van Lommel reflects upon Vicki’s experience:

“This is impossible according to current medical knowledge.... Vicki’s reported observations could not have been the product of sensory perception or of a functioning (visual) cerebral cortex, nor could they have been a figment of the imagination given their verifiable aspects.”(69)

Regarding evidence of life after death, these experiences are quite compelling in several respects. If these reports are legitimate (and the authors give sound reasons for trusting these sources), then all of the naturalistic hypotheses, whether they be psychological, physiological, or whatever, fall woefully short. Psychologically, those born blind are in no way primed for a visual experience of this nature, since they have

no understanding of even light and dark, much less colors, shades of colors, textures, visual distance, etc. Physiologically, they have no visual memories to pull from. Electric stimulation to parts of the brain might bring up memories of tastes and sounds, but not visual memories.

If the blind can see in a near-death experience, they're not seeing through their physical eyes, which lie closed and useless on a hospital bed or beside a wrecked car. They're apparently seeing through the upgraded "eyes" of a spiritual body that no longer suffer the limitations of the damaged set of goods that they left behind.

Naturalists should consider the near-death experiences of the blind as a serious challenge to their worldview.

Exhibit #12 - It's extremely convincing to the one who experiences it, completely unlike a dream.

Compiling the results of five independent studies on people with near-death experiences, only 27 percent of the subjects believed in life after death before their NDE. But even twenty plus years after the NDE, after they've had plenty of time to analyze the event from every angle and attempt to explain it away, 90 percent of them reported believing in life after death. It seems that the more years they have to reflect, the more they believe in an afterlife.(70) In one study, while only 38 percent believed in life after death before their NDE, 100 percent believed after the NDE. Needless to say, this is a huge shift in a fundamental belief to be caused by a single life event.(71)

It Was Real

One of the men I interviewed was emphatic. He looked me in the eyes and said:

"It was real – as real as me sitting across from you and talking to you now. Nothing could ever convince me otherwise."

It was such a strong, emotionally charged statement that I brought it up two more

times. He knew, beyond any shadow of a doubt, that it wasn't a dream or hallucination. This intelligent, rational man was totally convinced that he'd visited the other side.

As you can imagine, people who've had NDEs have analyzed their experiences relentlessly. But they consistently rule out vivid dreams or hallucinations.

“I couldn't understand it. But it was real.... My mind wasn't at that point where I wanted to make things happen or make up anything. My mind wasn't manufacturing ideas. I just wasn't in that state of mind.”(72)

“It was nothing like a hallucination. I have had hallucinations before, when I was given codeine in the hospital. But that had happened long before the accident that really killed me. And this experience was nothing like the hallucinations, nothing like them at all.”(73)

Some report it as more real than what we experience in daily life.

- “More real than what we call reality....”(74)
- “It was so vivid and real – more so than ordinary experience.”(75)

Moody notes that the experience is “incredibly vivid and real”(76) and summarizes – “It must be emphasized that a person who has been through an experience of this type has no doubt whatsoever as to its reality and its importance.”(77)

As researchers note, their subjects go beyond verbally insisting on its reality; they make long-term life changes consistent with such an experience.

As creatures of habit, we resist change. Yet their attitudes and actions changed for the long haul. Van Lommel followed up with his NDE patients after two years and eight years and found them profoundly different from the control group that had experienced a cardiac arrest, but had no NDE.(78)

Their conviction that they truly visited the other side is also reflected in their reluctance to tell people about their experiences. It would be so easy to tell the doctor, “Wow, did I have a vivid dream while I was asleep!” But they can’t say that. They feel very strongly that it was real. Naturally, they’re reluctant to say, “While I was dead, I was very much alive in another realm.” They’re smart enough to know that their nurses and friends would likely pat them on the head and deflect the uncomfortable topic – “Well, you’ve been through a lot in the last few days.”

The Evidential Value of “Incredibly Vivid and Real”

At first glance, I assumed that this “feeling of real” had no evidential value, except perhaps for the person who had the experience. “So they had a dream that seemed much more real than a normal dream,” I reflected. “That proves nothing. If I had an extremely vivid dream, I’d be objective and skeptical enough to describe it for what it was – an extremely vivid dream. ”

But the more I thought about it, the more I felt I was missing something.

First of all, my reaction shows that I assume I’m smarter and more objective than the people who had the NDEs. Yet many studies show that we, particularly men, tend to think we’re smarter than average.(79) The fact is, most of us are, well, average. NDE researchers describe their subjects as intelligent and psychologically sound. I think I can therefore assume that most of them are evaluating their astounding experience in the same ways I’d be evaluating it.

This naturally leads me to believe that if I were to switch places with the people I interviewed, I’d be the one swearing that I’d seen the other side. No matter what I think now, if I were to have this experience, after it I’d likely be saying,

“It was real - as real as me sitting across from you and talking to you now. Nothing could ever convince me otherwise.”

How Do I Distinguish Reality from Dreams?

“But being convinced it’s real doesn’t mean it’s real,” someone may object.
“Perhaps this person merely had a vivid dream.”

But reflect a bit more deeply. How do you know that what you’re experiencing now is real?

You might say, “When I’m awake, I can feel and see things in such a vivid way that when I wake up from a dream I can say, ‘That was a dream and this is reality.’” Ok, but did you hear what you just said? It’s the vividness of your conscious experience that proves to you that you’re really reading this book instead of dreaming that you’re reading this book.

But that’s precisely what these people are saying about their out-of-body experience – it was qualitatively different from a dream. It was as real as their normal experience with reality. In fact, they often report that the NDE was “more” real than their normal experience with reality.(80)

Someone might respond, “Granted, if I ever have this experience, I’ll probably believe as well. But until I experience it, I don’t have enough evidence to make a decision.” Please indulge me a short story to respond.(81)

A Skeptical Fellowship Examines NDEs

Let’s imagine that I’m a thoroughgoing materialist (believing that immaterial things like God, souls, and minds don’t exist) and enjoy nothing more than meeting once a month at a local grill with nine of my materialist friends. We’re all equally skeptical of all things religious.

Early one morning Mike calls me from the hospital, having suffered a cardiac arrest. I meet him there and discover that, to his utter amazement, he experienced an NDE. Then he looks me intensely and says, with great assurance and emotion -

“And it was real. I’ve thought long and hard about all the possible naturalistic

explanations, and none of them explain away my experience. Steve, it was real – just as real as me sitting here talking to you – even MORE real. And I saw specific things happened in that operating room while I was unconscious that the doctors confirmed afterwards. I’m afraid I’m no longer a materialist.”

So what would I make of that?

Being a skeptic, I’d sift through the evidence and try to follow Mike’s line of argument. But of course I didn’t have the “realer than real” experience. It’s quite possible that in my next meeting, I’d talk it over with my buddies and conclude, “Well, obviously ole Pete wasn’t as strong a materialist as we thought he was. If I’d been the one with the NDE, I’d have woken up saying, “Wow, what an experience! And it seemed so real! But I’m scientific enough to know that just because it seemed real doesn’t mean it was real.”

But over the ensuing years, imagine that two more of my buddies have NDEs, one during a traffic accident and another during surgery. So I tell my remaining materialists, “It’s hard to believe that Mike, Pete, and Jed now believe in the afterlife! Do you suppose that if each of us had NDEs, we’d believe as well?”

“But why should we wait for our own experience?” reflects Austin. “They all thought just like we did. They were materialists. We’re not likely smarter or more informed than they are. Just like us, they didn’t buy into all this mind/soul/heaven stuff. Just like us, they weren’t psychologically primed for an NDE; they were expecting utter nothingness after death. I think we can safely assume that if we shared their experiences, we’d all believe in the afterlife as well. So why should we hold out for our own NDE? We can predict, with the evidence already set before us, that if we had NDEs, we’d most likely believe just like our friends. So shouldn’t we believe on the basis of their testimonies that they’ve indeed seen the other side?”

“But that approach violates everything we stand for,” I might object. “We don’t believe things because other people believe them. We believe them because we have adequate evidence.”

“But we’re not mindlessly believing simply because they believe it,” replies

Austin. “We’re accepting their testimony, which we deem reliable, about an experience that we may never have. Since I’ll likely never go to the moon, I trust the experiences of those who’ve been there. Apparently, many bright, trustworthy, skeptical people have been granted, prior to their final deaths, a taste of eternity. Since we may never experience an NDE, shouldn’t we believe on the basis of evidence provided by multiple testimonies that we deem trustworthy?”

Back to Shangri-La

And so we return full circle to the beginning of this book, where we were investigating the existence of Shangri-La. We decided that we needed reliable testimony from people who’d been there, hopefully with some corroborating evidence in hand. That’s precisely what we’ve found regarding the afterlife – a growing multitude of witnesses with 12 lines of corroborating evidence proclaiming consistently that life endures after death.

Summary of the Evidence

In the mid 1900s physicians obsessed on keeping dying people alive, leaving family, friends, and ministers to deal with the apparently unscientific questions regarding life after death. When NDEs occurred, patients seldom told their doctors for fear of ridicule or referral to a psychiatrist.

When Raymond Moody published his interviews and analyses in 1975, the public became fascinated and medical professionals responded with guarded disbelief.(82) How could such a significant experience be happening to their patients without their knowledge? And if it was indeed happening, surely it could be easily explained by psychological or physiological processes.

So far, such explanations have failed.

Each naturalistic explanation – anoxia, hypercarbia, expectations, wishful thinking, etc. - fell woefully short when compared with the data collected during subsequent scientific investigations.

But lack of a naturalistic explanation doesn't necessitate resorting to spiritual explanations. Instead, we can examine the data as it stands after 35 years of scientific investigation and judge which hypothesis provides the best fit for the data.

Such an examination reveals a perplexing phenomenon, the characteristics of which we'd have never predicted from naturalistic worldview. These are not characteristics that one can skim halfheartedly; rather, they demand deep reflection over time, much as the researchers contemplated their data over years of study.

- **If NDEs are caused by expectations of heaven or wishful thinking**, then why are both the religious and irreligious surprised by how the experience fails to conform to their expectations? Especially in the early studies, before NDEs were popularized, nobody was expecting an experience of leaving the body, observing resuscitation efforts, meeting deceased relatives, reviewing their lives, and discussing whether or not to return. Why don't people's NDEs differ significantly according to their differing worldviews and expectations? And why do they occur in people who weren't expecting to die?
- **If the experience happens totally within the brain**, then how can we explain corroborating evidence showing that the mind was active apart from the body – the scores of detailed descriptions of surgeries, meetings with deceased relatives that they were unaware had died, etc.? How could the brain produce a vivid (reported as more clear than normal reality) conscious experience when the brain is often, from our present scientific understanding, incapable of rational thought and memories? And how can the inner workings of the dying person's brain explain the shared NDE of others in the room, or even those unaware of the person's physical state, at a distance?
- **If NDErs are making things up or embellishing**, then what are their motives? All studies show NDErs overwhelmingly reluctant to share their experiences for fear of ridicule. What do they have to gain by telling such a tall tale to their doctors? And why are their "made-up" stories so similar, since most subjects were unaware of NDEs and there's no evidence of mass collaboration or conspiracies? Why do longitudinal studies find that years after the event, their stories remain the same in all details? And if patients are fabricating NDEs, why do such stories produce long-term life changes?

- **If the researchers are fudging their data to seek fame**, then how do they get away with publishing hundreds of articles in respected peer-reviewed journals, knowing that their methods and results are subject to intense scrutiny by skeptical peers? Each published study risks rival researchers replicating the study and showing the earlier study to be a sham. These highly successful doctors and professors put their teaching positions and reputations at risk if they publish nonsense. And how do the studies get through the peer reviewed publication process in the first place if their methods are questionable?
- **If NDEs are dreams or hallucinations**, then why are they so consistent among the thousands of NDErs who've been surveyed and studied? Dreams and hallucinations are extremely random from person to person. If NDEs were such, we'd expect a colorful array of almost infinitely varied reports, such as talking to a fish named Wanda who claims to be God, herding cattle which feed on sea scallops, etc. And why the cohesive story line rather than unrelated segments? And why would stories end with closure ("It's not your time; you must go back now.") as if the dream or vision knew ahead of time exactly when it needed to end?
- **If NDEs are purely naturalistic**, then why do the deaf report hearing, the colorblind report seeing colors, and the blind report seeing, when this goes against everything we know about the dream states and physical limitations of those born with these disabilities?

While each of the lines of evidence has weight on its own, taken together they weigh in powerfully – twelve lines of evidence that build a strong case for life after death and the existence of higher spiritual beings. A close study of NDEs has led many researchers to reject naturalism and embrace the idea that we're more than our physical bodies, with death being merely a transition to another realm. We seem to have found a "black swan" that for many overturns naturalism.

As prominent Dutch Psychiatrist Frederik van Eeden once stated,

"All science is empirical science, all theory is subordinate to perception; a single fact can overturn an entire system."

Chapter 6

What We Learn from NDEs

"You are not a human being having a spiritual experience.

You are a spiritual being having a human experience."

- Pierre Teilhard de Chardin - French philosopher, geologist, paleontologist, and
priest
who also taught physics and chemistry.

They are not consistent with every worldview.

Some may assume that while NDEs seem incompatible with naturalism, beyond that they don't really support any one religion or worldview. "Since they're consistent with most any form of spirituality," we may surmise, "they have no evidential value for choosing a specific religious faith."

But if you agree that the main elements of NDEs paint a reasonably accurate picture of life on the other side, they seem to throw doubt on several worldviews and religious opinions. For example:

a. Philosophical materialists believe all that exists can ultimately be explained in terms of the interactions of purely material things. NDEs reveal a dimension where thinking, communication, and transportation aren't apparently dependent on material objects.

b. Determinists, whether religious or secular, believe there is no free will. Yet NDEs report celestial beings discussing a person's future and changing plans based upon a person's prayers or expressed will. The being of light may urge a person to "go back and do better this time," which implies the ability to make conscious life choices.

c. Pantheists and Deists tend to believe in an impersonal God who created (or continues to create) the physical universe, but doesn't get involved in people's lives. Yet, NDEs reveal a personal God who both knows and cares about each of us.

What NDEs Don't Teach Us

We've noted that a small portion of NDEs appear to contain a mixture of fantasy and reality, which is understandable for some who've endured serious trauma and long recoveries. Thus it would seem unwise to take everyone's reported experience in minute detail and try to paint an accurate picture of the afterlife. If someone reports seeing Big Bird, I don't take this as a revelation that Big Bird exists and is waiting for me on the other side. (I am aware this may disappoint some Big Bird fans.)

For this reason, I think it's safer to focus on the NDE elements that are most commonly reported – those included in what researchers call a “remarkable convergence,” which may indeed give insight to the other side.

If NDEs were all the evidence we had to go on, it would be going too far to conclude with finality that one certain religion is the true religion. After all, NDEs don't absolutely prove that there's only one God. Perhaps different people travel through different tunnels to meet different lights. Maybe the light's name is Jehovah; but then again its name could be Allah, or even Fred. Or perhaps the Light is just a way to connect with the Cosmic Mind spoken of in New Age circles.

While it appears that those who meet the being of light during an NDE are all meeting the same being (the descriptions of his personality and abilities and effects are remarkably similar), it would be going too far to say that NDEs absolutely prove that God is one. Rather, I'd say that they suggest there is one God.

What NDEs May Teach Us

Although they don't tell me all I want to know about God and the afterlife, they at least provide strong evidence that there's more to life than meets the materialist's eye.

And for those who believe they provide a peek into eternity, they may yield even more insights.

While many of the NDE researchers I read don't appear to be particularly Christian, their primary findings (as I detail them below) seem remarkably consistent (though perhaps not exclusively so) with Christianity. And since van Lommel's patients in particular contained many diverse beliefs, you can hardly take the below similarities to be due to their Christian expectations.

Since Jesus Christ claimed to have come from heaven, claiming to bring his own corroborating evidence in the form of miracles, it would be relevant to know if the Bible's teachings either corroborate or contradict what people report from their NDEs.

Furthermore, those who believe that these are real brushes with eternity might aspire to live as if they'd experienced an NDE, since NDErs typically claim that their lives are fuller and richer as a result. Many of those who study NDEs report that their lives change as a result of their research. I believe this study has impacted my own life.(1)

Here are my comparisons. Each point begins with an observation by an NDEr or researcher, followed by a related passage from the Bible.

About The Being of Light

Questions regarding the existence and character of God have occupied not only philosophers and religious scholars for millennia, but also average folks who wonder and fret about eternal matters. What are NDErs telling us about God?

a. God exists.

According to van Lommel, "During an NDE, the encounter with 'the light' is felt to be the most intense and most essential part of the

experience.”(2)

Moody calls it “the most incredible common element” of the experience, “which has the most profound effect upon the individual.” No matter what the person’s religious (or nonreligious) background, “not one person has expressed any doubt whatsoever that it was a being, a being of light.”(3)

While it’s theoretically possible that each person is seeing a different being of light, they seem to describe the same personality and attributes, leading us to believe there’s one being at the end of the tunnel rather than a pantheon of competing gods. Nobody that I read claimed to meet multiple gods.

“In the beginning, God....” (Genesis 1:1)

b. God is love.

“This encounter [with the light] is always accompanied by an overwhelming sense of unconditional love and acceptance.”(4)

“God is love.” (I John 4:8)

c. God knows us intimately.

“It is often obvious that the being can see the individual’s whole life....”(5)

“Indeed, the very hairs of your head are all numbered.” (Luke 12:7)

d. God is personal.

“...it is a personal being. It has a very definite personality.”(6)

“The LORD, the LORD God, compassionate and gracious, slow to anger, and abounding in lovingkindness and truth...” (Exodus 34:6)

e. There’s an attractiveness to God.

“The love and the warmth which emanate from this being to the dying person are utterly beyond words, and he feels completely surrounded by it and taken up in it, completely at ease and accepted in the presence of this being. He senses an irresistible magnetic attraction to this light. He is ineluctably drawn to it.” This description is “utterly invariable.”(7)

“Whom have I in heaven but Thee? And besides Thee I desire nothing on earth. My flesh and my heart may fail; but God is the strength of my heart and my portion forever.” (Psalm 73:25,26)

f. God is just.

It’s instructive that nobody I read of comes back to life saying, “I got so infuriated at God - He was so wrong in his evaluations of things!” Rather, they seem convinced that He’s right in His ways.

“It was clear to me why I’d had cancer. Why I had come into this world in the first place. What role each of my family members played in my life, where we all were within the grand scheme of things, and in general what life is all about.”(8)

This reminds me of C.S. Lewis’ statement that he believed one of his first exclamations, upon meeting God in heaven, would be “Of course!” Because at that time he’d presumably understand the answers to all the questions he had on earth.

“...all his ways are just...” (Daniel 4:37)

g. God is associated with light.

“The light...was of a kind that I’d never seen before and that differs from any other kind such as sunlight.”(9)

“There will be no more night. They will not need the light of a lamp or the light of the sun, for the Lord God will give them light.” (Revelation 22:5)

About What Really Matters

According to atheist Susan Blackmore, there is no ultimate purpose in life. And if life is pointless, we’re pointless as well; as Blackmore puts it, we’re “eminently dispensable.”(10) But what if Blackmore is wrong? What if we were put here for a purpose? Wouldn’t we want to discover that purpose?

I want to know what’s important in life – what counts in the final analysis. What if being kind to my younger brother is more important than winning a book award? What if helping struggling students is sometimes more important than achieving all A’s? What if being kind to a waitress is more important than developing six-pack abs? Here’s what NDErs report about what really matters in life.

h. Your life choices matter to God.

“...[during the panoramic life review] people understand how they lived their life and how this affected others. They realize that every single thought, word, or action has a lasting effect on themselves and others.”(11)

“...so that each one may be recompensed for his deeds in the body, according to what he has done, whether good or bad.” (II Corinthians

5:10)

i. Material things are temporary and not worth obsessing over.

“...some aspects of life become important while others become completely irrelevant. After an NDE, people only want to spend time and energy on things of lasting value. Almost all ephemeral and material things, such as a lot of money, a big house, or an expensive car, become less important.”(12)

“Do not lay up for yourselves treasures upon earth, where moth and rust destroy, and where thieves break in and steal....” (Matthew 6:24)

j. It’s important, in fact a huge part of why we’re here, to love people.

“As they witness the display [life review], the being seems to stress the importance of two things in life: Learning to love other people and acquiring knowledge.”(13)

“And if I...do not have love, I am nothing.” (I Corinthians 13:2)

k. It’s important to love God.

“Lovest thou me?” (Question from the light during an NDE)(14)

“You shall love the LORD your God....” (Matthew 22:37)

l. Prioritize those closest to you – family and neighbors.

“...other differences [outcomes] pertained to a greater involvement with family.”(15)

Pastor Steve Sjogren (The Day I Died) returned from the other side with the strong impression that although he had accomplished a lot of ministry outside his family, he had done some of it at the expense of those closest to him - his family and neighbors and friends. “Right there in the ICU ward, I realized that I didn’t know the names of any of my children’s friends!”(16)

"Husbands, love your wives...." (Ephesians 5:25)

“You shall love your neighbor as yourself. “ (Matthew 22:39)

m. Seeking knowledge is very important.

“...many others have emphasized the importance of seeking knowledge.”(17)

“She [wisdom/knowledge] is more precious than jewels; and nothing you desire compares with her.” (Proverbs 3:15)

n. Requests, desires and prayers seem to be taken into account.

When people ask a celestial being for permission to return to earthly life to complete a worthy task, the being may grant the request, as if the person’s desires and asking are taken into account. Other times the prayers of those still on earth seem to be taken into account. The response is consistent with both free will and the efficacy of prayer.(18)

“The prayer of a righteous person is powerful and effective.” (James 5:16)

o. Don’t lust for power.

■

“...their interest in possessions and power had decreased.”(19)

“The greatest among you will be your servant. For those who exalt themselves will be humbled, and those who humble themselves will be exalted.” (Matthew 23:11,12)

p. Be a decent person. Forgive. Tell the truth. Don’t be aggressive. Give to charities.

After experiencing NDEs, people become “more forgiving, more tolerant, and less critical of others...more compassionate and caring.” They are “more likely to donate to charities or to dedicate themselves to a social cause.” They have a “greater sense of justice” and are motivated to “tell the truth...”(20)

“Command them to do good, to be rich in good deeds, and to be generous and willing to share.” (I Timothy 6:18)

“Forgive, and you will be forgiven.” (Luke 6:37)

“...speak truthfully to your neighbor....” (Ephesians 4:25)

q. Don’t be consumed with cultural norms.

Those with NDEs were less likely to focus on social norms such as “keeping up appearances.”(21)

“And do not be conformed to this world...” (Romans 12:2)

r. Appreciate ordinary things.

Eight years following an NDE, 84 percent of van Lommel’s subjects

report being more appreciative of ordinary things.(22)

“And be thankful.” (Colossians 3:15)

About Aspects of the Afterlife

The longer I live, the shorter my earthly life appears. My youngest children are seniors in high school. Wasn't it just yesterday when we carried those tiny twins around in backpacks? Truly, life is merely a vapor when compared to eternity. Although a near death experience may not be in all ways equal to a final death experience, it seems reasonable that the NDE tells us something about what to expect after our final deaths. After all, the deceased relatives and friends encountered on the other side have often been there for years.

s. Death isn't the end of life.

“...dead turned out to be not dead.”(23)

“...he will receive...in the age to come, eternal life.” (Mark 10:30)

t. Time is different.

“And if anything was missing it was our earthly conception of time!”(24)

“...with the Lord one day is like a thousand years, and a thousand years like one day.” (II Peter 3:8)

u. We will have spiritual bodies, which are different from and superior to our physical bodies.

“So, to adopt a term for it [the new form in which they find themselves] which will sum up its properties fairly well...I shall henceforth call it the

‘spiritual body.’” – Raymond Moody.(25)

“...it is sown a natural body, it is raised a spiritual body.” (I Corinthians 15:44)

v. The mind can exist apart from the body. It’s the mind that’s truly us, that’s eternal. The earthly body is merely an earth suit.

“I suddenly became aware of hovering over the foot of the operating table and watching the activity down below around the body of a human being. Soon it dawned on me that this was my own body.”(26)

“...prefer rather to be absent from the body and to be at home with the Lord.” (II Corinthians 5:8)

w. We know and understand things much more clearly on the other side.

“The knowledge and messages going through me were so clear and pure.”(27)

“For now we see in a mirror dimly, but then face to face; now I know in part, but then I shall know fully just as I also have been fully known.” (I Corinthians 13:12)

x. There are intermediaries between God and people.

People I interviewed reported talking to angelic or celestial beings. This is pretty common. Somehow they’re identified as distinct from deceased people.

“Are not all angels ministering spirits sent to serve those who will inherit salvation?” (Hebrews 1:14)

y. The other side isn't rosy for everyone.

Moody(28), van Lommel(29), and subsequent researchers(30) note briefly that some near-death experiences are hellish or distressing. Just remember, this is halftime, not the end of the fourth quarter, so NDEs may not take place in a person's final resting place. Perhaps it's a warning. Some consider distressing NDEs more of a vivid dream than reality, since there may not be as much consistency between hellish experiences as there are with positive experiences. Yet, they do seem to have the vividness and convincing nature of an NDE.(31)

“Outside the city [the holy city, the New Jerusalem established after Armageddon and the judgment] are the evil people....” (Revelation 22:15, NCB)

z. Heaven is a place you want to go.

Van Lommel introduces his book with an account of the cardiac arrest of a patient during his first year of cardiac training where he served as attendant physician. An alarm sounded on the cardiac wing. The patient flat lined. The medical team exploded into action with CPR, a defibrillator shock to the chest, IV drip, and a second shock. When the patient finally resuscitated, everyone in the room felt happy and relieved...with the exception of one.

The patient.

He was extremely disappointed to find himself back in his second rate body, having just experienced the music and beauty and pain-free existence on the other side.(32)

The heavenly experience is so wonderful that it's beyond words, reminding me of the heavenly vision of Revelation 21:4, where God

“shall wipe away every tear from their eyes; and there shall no longer be any death; there shall no longer be any mourning, or crying, or pain; the first things have passed away.” (Rev. 21:4)

And as little Colton concluded, there’s strong evidence to believe that it’s more than a fantasy; it’s “for real.”

Conclusion

For Dr. van Lommel, Dr. Rawlings, Dr. Moody, Dr. Sabom, and a host of others, a close examination of NDEs compelled them to believe that death isn't the end of life. With the state of research today, even if NDEs were my only evidence, I'd choose theism over atheism, survival over extinction. This fascinating field provides remarkable evidence for both life after death and the existence of a loving, brilliant Being who knows us intimately. To me, NDEs are remarkably consistent with a theistic worldview, woefully inconsistent with an atheistic worldview. (For a more thorough discussion of some of the most important points, read my appendixes.)

Unless future research overturns the results of the present research, we have strong evidence to support both life after death and the existence of a personal God.(33)

But there's more evidence for the supernatural beyond near-death experiences. Fifteen further lines of evidence converge to convince me that God exists and that He's worth serving. I'll discuss those further lines of evidence in a future book.

Pause to Reflect

Respected educator Howard Hendricks once said that some people need to read less and reflect more. We often lose the impact of a book when we begin the next one without reflecting adequately upon the last one.

I recommend taking a few moments to ponder what you believe about NDEs. These questions may help:

1. Do you think NDEs provide compelling evidence for life after death?
2. What are the strongest arguments pro and con?
3. If someone told you that NDEs could be adequately explained as purely natural events, how would you respond?
4. What would you like to study further about NDEs? (See Appendix #9, “Guide to Further Research.”)
5. If someone asks you tomorrow what you believe about NDEs, how would you respond in a two-minute “elevator speech”?
6. If you had an NDE, in what ways might your priorities change?
7. Knowing what others claimed to experience on the other side, in what ways could this impact your priorities?

Appendix #1

Do NDEs Differ Across Cultures?

The Pattern

I'm following the Sci-Fi series "Fringe" with my kids. In the opening episode, a passenger jet lands with every passenger dead. As the FBI investigates, they find that this isn't an isolated, anomalous event. Related events have been reported around the globe, referred to by other investigators as "The Pattern." This pattern indicated a common cause – perhaps natural but more likely by design.

One of the most intriguing, unexpected attributes of NDEs is their pattern – the remarkable consistency of elements, where no such consistency would be expected. Studying philosophy at the University of Virginia, young Raymond Moody read Plato's Republic, which contained Socrates' story of the soldier Er, who apparently died on the battlefield, but a few days later sat up and described a remarkable visit to a heavenly realm.(1)

Later, Moody heard Psychiatrist George Ritchie's similar report of the other side after being pronounced dead. To Moody, Ritchie was a modern-day Er.

"As far as I knew, George Ritchie was the only living person to have gone through such an experience. I didn't make the inference that there must be more people like Ritchie...."(2)

But a few years later, as Moody began teaching philosophy and collecting such stories, he noticed that "a pattern was beginning to emerge...."(3)

Ah, "The Pattern."

The Pattern in the Western World

Moody found common elements – leaving the body, meeting dead relatives, tunnels, a light, beauty, love, etc. Why the common elements if they were random hallucinations of a dying brain?

Now it's important to note that “pattern” in this context doesn't mean “carbon copy,” even when we look at NDEs solely within American culture. Each NDE comes wrapped in an individualized package. Some report only a brief separation from their bodies. Some have a tunnel experience; others don't.

The sides of the tunnel may be the deepest black or textured or various colors. Deceased relatives may be old, young, or in their prime. Celestial beings may appear as bright lights, as clothed bodies with lights for faces, or as relatively normal people. They may speak the language of the experiencer, or communicate wordlessly – mind to mind.

Why the differences, even within the same culture? Surely it's relevant that the world described by NDErs is consistently nonphysical. Outside of their bodies, people seem to consist of something more akin to energy than cells. This could explain why, when one NDEr expressed surprise that her deceased relative looked so old, the relative explained that she could appear however she wanted and immediately changed to a younger look.(4)

Thus, perhaps there is no tunnel – at least as a physical entity – merely the appearance of a tunnel to communicate to the NDEr that she's travelling to another dimension. Another NDEr may experience a rapid ascent through space seeing stars retreating in the distance, but no tunnel. Another may experience an escalator, giving the same visual effect of moving to another world.

What would we expect to see people wearing on the other side – a place where clothes may serve no practical purpose for a spiritual body? (Will we need a winter wardrobe in heaven?) Perhaps a visual experience including clothes is more for the observer than the “wearer.” With this insight, would you imagine that Socrates' Er more likely saw celestial people dressed in a) ancient Greek attire, b) pure

light/energy c) 21st century South Korean business/casual or d) whatever was popular in heaven at the time? I'd respond, whichever would have been more meaningful to Er – probably a) or b).

If I'm on track here, then the pattern we'd expect from NDEs would differ from the pattern we'd expect from Shangri-La. If Shangri-La visitors reported a bridge over a large canyon as the only entrance to Shangri-La, we'd expect every visitor to describe the same bridge. It was either metal or wood, an arch bridge or suspension bridge, painted a certain color or left unpainted. But the pattern we'd expect from a visit to a nonphysical world might consistently include an entryway, although it might be described in a variety of ways.

Thus, I'd recommend, before studying nonwestern NDEs, to read scores of entire Western NDEs (such as on the [NDERF](#) site), in order to see both the pattern and the diversity within the pattern.

Moody was amazed that NDErs consistently reported leaving their bodies, meeting deceased relatives, going through tunnels, following a light, reviewing their lives, being sent back, etc. The pattern held, regardless of expectations, prior religious beliefs, age, or type of medical event. Yet all his subjects lived in America. Would the pattern be found in other cultures as well?

Van Lommel found the same pattern in Holland, which differed from American culture in many respects, not the least of which was that the majority didn't believe in life after death. But although Dutch culture differs from American culture, it's still Western culture, significantly influenced by Christianity. Would the pattern hold in nonwestern cultures, with vastly different traditions, religions, and cultural symbols deeply embedded in their psyches?

The Pattern in Nonwestern Cultures

Since many of the aspects of the pattern (type of clothes, type of tunnel, etc.) may vary to accommodate different people within a culture, then we'd expect certain aspects to differ between cultures as well, since individuals interpret data through their own cultural grids. This is indeed what some researchers have found.

A great article summarizing NDE studies in various cultures is Chapter 7 of The Handbook of Near-Death Experiences. Here are some NDE distinctives reported from nonwestern cultures.(5)

- In a study of 45 NDEs in India, not one reported a tunnel. Tunnels were also rarely, if ever, reported in Thailand.
- Again in India, life reviews tend to consist of a person reading the review to them, rather than experiencing it as a visual experience.
- In Thailand, the review tends to consist of one particular incident in life, rather than covering the entire life.
- An NDER may refer to the light by the name of the ultimate God as known in their culture.
- The other realm may have characteristics of the buildings and landscapes they're familiar with.

Studies such as this, which attempt to lay out only the differences, rather than laying out each NDE in its entirety, often left me with the impression that nonwestern NDEs may differ significantly from American NDEs. I wanted to read full accounts and compare. When viewing full western NDEs side-by-side with full nonwestern NDEs, would the basic pattern still hold?

I needed to dig deeper.

[Note: Much more NDE study needs to be done in nonwestern cultures. Many of the nonwestern studies are so small that it's difficult to draw conclusions. (E.g., only four cases were published in Guam.) Also, if the interviewer fails to ask certain questions, the NDERs may not think that an element is important to report. I saw indications of this in my reading of global NDEs from the NDERF site. In the initial description of the event, an NDER may not mention a tunnel. But when asked about a tunnel, he may mention it. This tendency could have skewed the results of earlier studies.]

Method: I examined nonwestern NDEs from Dr. Long's NDERF site, since people from many countries answered the same set of extensive questions. For the purposes of

this study, I excluded all NDEs from countries dominated by Western European and American influence, especially those with an overwhelming Christian influence. If a person lived in a predominantly non-Christian country, I still excluded their report if they indicated being a Christian. I was looking for nonwestern, non-Christian reports of NDEs. Perusing over 3,000 NDEs, I found 58 meeting my criteria.

Distribution: Twelve different countries, with India having 26 NDEs, by far the largest number. Saudi Arabia had six, Egypt five, Turkey three, with the rest of the countries having two or one – Iran, Russia, Korea, Tunisia, Libya, Uzbekistan, Iraq, Singapore, China.)

Comparing the above suggested cultural differences with my findings:

- Although an earlier study found no tunnels in the Indian experience, 11 out of 26 (42 percent) of the Indian experiences I read included tunnels, which interestingly is a higher percentage than the 34 percent Dr. Long reported for his global (including western and nonwestern) sampling.(6) Again, perhaps the earlier study didn't ask specifically if they experienced a tunnel and NDErs didn't consider it important.
- In my nonwestern sample, I saw no significant difference in life reviews compared to western life reviews. All that I read were visual, one being described as a "movie of myself and of my entire life," another as a "panoramic review of my life," another "like a powerpoint" presentation.(7)
- An Indian reported a person with a beard, looking through books to see if the NDEr was to remain or to be sent back. This was consistent with religious Indian traditions, so that it was meaningful to the NDEr. I'd not seen this in Western NDEs, but it wasn't inconsistent with (contradictory to) the variety of ways people were sent back in the West. The bulk of my nonwestern sample (including others from India) was sent back in the way most westerners report being sent back – a relative or celestial light indicate that it's not their time – or they remember that their family on earth still needs them.(8)

But even if future research confirms the earlier nonwestern studies rather than mine,

the differences they're seeing don't appear to me to be at all disruptive to the pattern. A difference in the type of life review or the type of entrance to the other side (tunnel vs. no tunnel) would seem to leave the pattern intact, especially when we consider the apparent nonmaterial nature of the other side.

So, does the pattern break down across cultures?

Not in my opinion. As in western NDEs, some experienced only a few of the elements, while others reported a much deeper experience. But I found all the common western elements in the nonwestern experience: leaving the body, heightened senses, positive emotions, stating that it was definitely real, a tunnel experience, seeing a light, meeting deceased relatives, talking to celestial beings, altered time and space, life review, a beautiful heavenly realm, special knowledge, coming to a barrier, returning to the body, changed lives, and the overwhelming priority of love.

The Priority of Love

Let's reflect upon that last characteristic of the pattern – the encounter with life-changing love. I was amazed that even those who experienced only a brief NDE were typically motivated to change their lives – specifically to love, serve, and help people.

But why this consistency?

Individuals, families, and cultures exhibit a widely diverse view of life priorities. Many children grow up with daily exhortations to do better at school – academic success consumes their lives and report cards judge how they're doing in life. Others live to get ahead and make something (materially and socially) of their lives. Others are taught, by example and word, that we must often run over others to get ahead. After all, it's just survival of the fittest. Right?

Love is not consistently pushed as THE main thing in life in every family and every culture. So if NDEs were merely hallucinations of dying brains, informed by our own very diverse values, why doesn't the hedonist come back saying, "I've got only one

brief life to live. I need to start my bucket list of exciting things to do before I die!” Why doesn’t the high achiever come back saying, “I learned that I should take school more seriously, bringing my B’s up to A’s.” Aren’t those the values that many instill in their children, both by their example and their words? When we drop our kids off at school, aren’t we more likely to say “Work hard at bringing that math grade up!” rather than “Be empathetic to hurting students and overworked teachers; they may need some encouragement today.”?

If NDEs merely preach back to us our own values, why do so many NDErs indicate that this experience with love represented a change in life direction for them? Apparently, compassionate attention to family and acquaintances wasn’t a former priority.

Why then the consistent, overwhelming pattern of love as being what really matters, whether the NDEr is a child or adult, a defensive tackle or a mother of small children, a pastor or a Marxist, a connoisseur of recreational drugs or an academic high achiever?

To me, this consistent pattern of “compassionate service is what it’s all about” is more consistent with NDEs being very real encounters with spiritual reality than a naturalistic creation of dying brains. As a formerly agnostic physician from India put it, “...I was skeptical of religion or anything that could not be called strictly scientific.” Yet, he reflected that his NDE couldn’t “be explained in normal objective terms. I underwent a positive personality change. All my arrogance vanished.”(9)

The Pattern of Love

Here’s how some NDErs around the world put the outcome of their experience in their own words (note – I quote them exactly, although for most of them English is a second language).

Chen from China

Background: “I believed in Marxism. I joined the Chinese Communist Party when I was in university and I had a great ambition when I was employed. I deeply believe[d] in materialism and I strongly rejected anything that relate to idealism. Neither did I believe in God. However I experienced an NDE and it has changed me

completely.”(10)

Impact: “After the NDE... I started to concern about the suffering in the world. I comfort others who is in despair ... I filled my life with love and I loved to help others. I don't care about money or fame anymore.”

Victor from Russia

Background: No religious background. Formerly plagued with depression, particularly about difficulties completing college. “I simply didn’t see the point of my own existence.”

NDE: “The light was extraordinary. In it were love and peace. I was completely enveloped by love and I felt totally secure.”

Impact: “Some invisible force had opened up new paths along which I must travel, something to strive for, that my life was not in vain, and that I should have goals that fill the needs of those around me as well as my own, and that every day should be filled with good and meaningful activities.”(11)

Hazeliene from Singapore

The NDE: “Someone spoken to me for a while, I heard and that voice came from that light. You know what I felt when I saw that light? When I saw that bright light, I felt that someone loves me very much (but no idea who it was) I was very overwhelmed with that bright light. And while I was there, I felt the love and that love I never felt before. That light welcoming me very warmly and loves me very much. My words to the light before I woke up was this: I wanted to stay here, but I love my two kids.”

“Reason why I felt very overwhelmed? I felt that only that light ever love me and no one does. All people knows only to beat me, hurt me, criticized me, offended me, and many more. Nobody love me like that kind of love before.”

Impact: “As a single mother/parent I have to love my children unconditionally. My mission is to raise them up in a proper manner and help poor people.”(12)

Suresh from India

Impact: “I realized that god was love, light and motion and to be able to receive him in the heart one had to cleanse it and mind by apologizing to all people I was

associated with and with whom I had differences, arguments or quarrels or all those whom I might have knowingly or unknowingly caused pain. The kind of love that I experienced there cannot be expressed in words.”

Gülden from Turkey

Impact: “I meet people with more joy. I hardly get angry. My daily life is full of love and peaceful. I feel pleasure by helping to strangers.”(13)

Muhammad from Egypt

Impact: “I felt that love is the one thing that all humans must feel towards each other, only then we would be happy.”(14)

Conclusion

There is a pattern – a distinct pattern that permeates NDEs around the world. While it may come in a culturally meaningful package, no matter what their former religious beliefs, priorities in life, level of education, personalities, or family backgrounds, they report leaving their bodies and travelling to another dimension where time and space somehow vanish. Once separated from the body, their minds experience consciousness on steroids – communicating directly and effortlessly – their sight unencumbered by the limitations of eyes, their hearing unencumbered by the limitations of ears. They talk to deceased relatives, experience strong emotions, and commune with a loving being of light. They review their lives and decide that compassion to their fellow life travelers is what really matters.

And they swear it wasn’t a dream. It was real.

Thus the pattern holds. The source of this pattern may point to the very meaning of life and the purpose of our existence.

Appendix #2
Two Recent Articles Proclaim That
Science Has Explained NDEs' Paranormal Features

A recent article in Scientific American announced dramatically, in its subtitle: Near-Death Experiences Now Found to Have Scientific Explanations.(1) It's based almost entirely upon a more scholarly Trends in Cognitive Sciences article titled: "There is nothing paranormal about near-death experiences," by Dean Mobbs and Caroline Watt.(2)

These articles claim that since elements of NDEs can be produced in ways other than coming near death, that there's no need to suggest that God and heaven have anything to do with them. Although I deal with naturalistic arguments in Chapter 4, I felt that a more specific response to these articles was warranted since they received widespread popular coverage by outlets including NPR, BBC, Discovery, and Discovery News, as well as significant international coverage.(3)

I'll concentrate on the Trends in Cognitive Sciences article, since it's the source of the other article and includes the scholarly documentation.

Evaluation

1. It unfairly implies that NDE researchers ignore discussions of naturalistic arguments. "This [Moody's Life after Life] and other bestseller books have largely omitted discussion of any physiological basis for these experiences, and instead appear to prefer paranormal explanations over and above scientific enlightenment." That may be true of certain popular books, but all the respected NDE researchers I've read are well aware of these arguments and have dealt with them extensively.

Moody actually devoted a significant section of Life after Life to examining and ruling out many of the same explanations that keep getting published as if they're new, including pharmacological, physiological, neurological, and psychological explanations – some of the very same explanations forwarded in this article.(4) These explanations have been extensively tested and discussed, with summary articles and literature reviews pulling together the results of decades of research. Chris Carter devotes 66 pages to examining research on naturalistic arguments,(5) van Lommel 30 pages,(6) Penny Sartori 63 pages.(7) Greyson, Kelly, and Kelly wrote a 21 page literature review of these explanations.(8) It's significant that all of these reviews of the research concluded that naturalistic explanations were inadequate.

2. It fails to take into account relevant data from peer-reviewed NDE studies.

If an article in a scholarly journal isn't presenting its own fresh research, we assume that it's tying together the relevant research from past studies. Thus, if Mobbs and Watt want to stand for "scientific enlightenment," why did they ignore the large body of scientific research that contradicts their thesis? Why did they fail to mention even one of the many review chapters and articles that sum up the current state of research?

In an interview, co-author Watt gave this explanation:

There's a category of articles in that journal called Forum: Science & Society. These articles are deliberately designed to be provoking of debate. The whole idea of this group of articles...is not to claim that you're making some comprehensive review. It's not to produce any new evidence for testing a theory, for example. It's a bit like an opinion piece, like an editorial in a newspaper, where you make an argument that is intended to stimulate discussion or provoke debate.(9)

Unfortunately, the article itself never states this. Thus, readers worldwide read it as a serious attempt to sum up the scientific research on the subject, not an opinion piece to provoke controversy.(10)

2. It states, "a handful of scientific studies of near-death experiences do exist."

Actually, over the past few decades, over 55 researchers or teams have published over 65 studies of over 3500 NDEs.(11)

3. It misquotes van Lommel's study, attributing to him a case that indicated the NDE was happening during REM sleep. Van Lommel never described such an event. In fact, van Lommel states that his research indicated that REM sleep "could not account for their life reviews," since their brains were not functional enough to produce consciousness.(12)

4. The title of the Scientific American article sensationally claims to provide significant new information: “Near-Death Experiences Now Found to Have Scientific Explanations.” Yet, it presents primarily the same worn-out hypotheses that have been tested repeatedly (and found wanting). Watt’s view of the original article?

“The content of the article itself is not saying anything new.”(13)

(Since I responded to naturalistic hypotheses in Chapter 4, I'll forego responding to each explanation offered by Mobbs and Watt.)(14)

5. The article states, "A priori expectations, where the individual makes sense of the situation by believing they will experience the archetypal near-death experience package, may also play a crucial role," citing only Blackmore's book, *Dying to Live*, but no specific pages. I don't recall Blackmore ever arguing this. In fact, in *Dying to Live* she approvingly quotes a review of NDE literature that concludes that a person's "religious background did not influence the chances of having an NDE."(15)

Concerning the kind of NDE a person has, Blackmore states, "Once again, demographic variables appear not to be particularly important...Other irrelevant variables seem to be strength of religious beliefs, previous knowledge of NDEs [emphasis mine]..."(16) Besides, how could prior expectations have accounted for the NDEs Moody studied, before virtually anyone was aware of the common elements of NDEs?

6. It ignores the positive evidence we've forwarded in Chapter 5. Although the article claimed to prove that "There is nothing paranormal about near-death experiences," the elements it attempted to explain don't include the deaf hearing, the blind seeing, corroborated veridical perception, etc. Mobbs and Watt don't even acknowledge this data. Until those aspects can be explained naturalistically, the argument fails to disprove paranormal activity.(17)

As Dr. Bruce Greyson, professor of Psychiatry & Neurobehavioral Sciences at the University of Virginia observed:

"If you ignore everything paranormal about NDEs, then it's easy to conclude, there's nothing paranormal about them."(18)

So why the misleading title? Co-author Watt explains, "...the editor requested that we change the title to something which is much more bold and deliberately making a statement that would provoke a reaction. ... However, I believe it's an overstatement."(19)

And the overstatement worked. It apparently went worldwide, assuring people that science had finally explained NDEs as a completely natural phenomenon. Yet, it never even dealt with the most relevant data.

I'll conclude by reflecting upon one of the article's sensational statements. Here's the original:

“This and other bestseller books have largely omitted discussion of any physiological basis for these experiences, and instead appear to prefer paranormal explanations over and above scientific enlightenment.”

Having immersed myself for some time in the scholarly NDE literature, I think the statement could be reworded to reflect my thoughts on the Mobbs and Watt article:

“This article omits any significant discussion of the large body of scientific literature on near-death experiences, and instead appears to prefer highly speculative and often disproven naturalistic explanations over and above scientific enlightenment.”(20)

Appendix #3

Interviewing Circles of Trust

Tips and Observations from My Original Research

I shared the results of my original research in the body and endnotes. But perhaps my most important takeaway was that fellow skeptics can often get closer to the evidence by conducting their own interviews. NDE accounts lurk everywhere – in our neighborhoods, at work, within our circles of trusted friends and relatives. Anyone who’s gained the trust of a significant group of people should be able to study many reports first-hand. Below, under Strategy #1, I give suggestions for conducting such personal interviews.

Strategy #2 is useful for filling in details that we don’t find in other research. Since thousands of people have contributed their NDEs to Dr. Long’s site, we can tabulate, for example, what percentage of NDErs report colors in their tunnels.

Strategy #3 is valuable for exploring death-bed visions and shared death experiences, since hospice workers deal with the dying and their families on a daily basis.

Strategy #1: Interviewing Circles of Trust

As we will discuss in Appendix #4, personal testimonies differ in their evidential value according to several factors, one being our degree of trust. Revisiting our imaginary investigation of Shangri-La, we should be more inclined to believe reports of a faraway land from trusted relatives and friends than the reports of strangers.

No wonder Dr. Sabom remarked, upon first hearing about Moody’s interviews, “I don’t believe it.” After all, Sabom didn’t know Moody personally. Neither did he know the NDErs Moody interviewed. Besides, none of Sabom’s patients had ever told him of such an astounding experience. But when Sabom took the challenge to

interview his own patients, he was shocked to find that many had experienced NDEs. Personally interviewing his own patients over a period of time made a believer out of him.

But why should I trust Sabom? Granted, he worked with a team of professionals in respected hospitals and published in peer-reviewed journals; so there's some accountability there. Further, I can be reasonably sure that he didn't cherry pick the experiences that fit Moody's descriptions. After all, he denied doing this, and if he did cherry pick, his medical peers could always try to replicate his findings. It's risky to fudge research in peer-reviewed journals, especially if you teach at a well-respected institution such as Emory Medical School.

But still, I don't know Sabom or his patients personally. The evidential value of testimonies increases to the degree that I trust the testifier. Thus, it seems to me that the problem of remoteness can be solved by interviewing our own set of trusted NDErs. Here's how I went about finding them, and how others with trusting relationships can do the same.

Finding NDErs You Can Trust

First, tell your friends and relatives (those with sound minds and trustworthy character) that you're studying paranormal experiences and are looking for trustworthy accounts. Ask if they've had any experiences such as visions or hearing from God or knowing about a friend's death before you got official word or leaving their bodies during a medical crisis. Casting a wide net for any paranormal experience guards you from cherry picking only experiences that conform to Moody's elements.

Second, ask if they know friends or relatives (their trusted circles) who've had such experiences.

Most of the people I asked either had such an experience or knew of one experienced by someone they trusted.

Conducting Interviews

Interview the people personally, explaining to them up front that you won't publish their names. This makes them more likely to open up about an experience they may be reluctant to share. Also, it keeps attention-seekers from making stuff up in order to get famous.

First, let them share the experience in full without interrupting, since you don't want to influence the story in any way. After they finish this initial telling, there's probably much more to be harvested. As we've seen, people typically have vivid memories of their NDEs and can reflect back to fill in interesting details.

Here are some follow-up questions:

- Were your alertness and consciousness about normal, less than normal, or better than normal? Can you describe it?
- Were your vision and hearing worse than normal, better than normal, or about normal? Can you describe it?
- Describe your emotions during the experience.
- Did you experience a tunnel or light?
- Did time speed up or slow down?
- Did it cut off in the middle of something, or have closure?
- Is your memory of the event normal or better than your normal memory?
- Did it change your life in any way?
- Have you had other similar experiences?
- Do you believe it was real, or just a vivid dream?

Conclusions

1. My personal interviews verified that the experiences reported by researchers have the same elements as those reported in my circles of trust.

2. Personal interviews can be compelling. Attention to facial expressions and

inflections of voice underscore their authenticity. The ones I interviewed truly believe they've visited the other side.

3. The experience is indeed widespread. Most of my friends and relatives either had such an experience or knew someone they trusted who'd had one. I easily found a dozen NDEs and deathbed visions by asking about 15 of my friends and relatives. Since I have a wide circle of friends and acquaintances that trust me, this approach may be more fruitful approach for me than a person who has few close relationships.

4. More than one person that I interviewed shared corroborating evidence, such as Bucky's shared NDE in the middle of the night, at the precise time that his father died hundreds of miles away. This report requires trust on the part of you the reader, since you probably don't know me or my relatives or me personally; but for me, knowing Bucky and others who can corroborate the timing, this provides unique evidence that NDEs are truly brushes with a reality outside our brains. This underscores the evidential value of interviewing within your circles of trust.

Strategy #2: Utilizing Dr. Long's [NDERF Site](#)

Thousands of NDErs share their experiences on this site. I discussed earlier the strengths and weaknesses of this approach, but it does give anyone free access to a large number of complete reports to use for research.

First, I wanted to examine NDEs to see if they consistently exhibit closure rather than being cut off abruptly. To study this, I started with the most recent report and worked my way consecutively backwards (to avoid cherry picking reports that supported my hypothesis) through 50 reports. [Case #3089 (7/21/12) through Case #3139 (9/9/12). I threw out one report, although it wasn't inconsistent with my hypothesis, because it mentioned the title of a book she'd written. This gave her an ulterior motive for possible embellishment. Otherwise, since the reports don't include full names, attention seekers would find little satisfaction in writing fictional experiences and answering the long list of questions.]

The results:

- I found no NDEs reporting abrupt endings.
- Twenty-seven ended with definite closure, typically either following a discussion about their need to return, or the people somehow knew that they should return instead of passing a barrier.
- Twenty-three simply returned at the end of the experience. Nothing was interrupted, but neither was there a decision to return.

Second, I wanted to see if a pattern held for both western and nonwestern NDEs. To accomplish this, I consulted the summaries of over 3,000 NDEs and copied each NDE in its entirety if it came from nonwestern culture and wasn't strongly influenced by Christianity. I found 56 of them from 12 different countries. I collected them in a file and studied them, concluding that the pattern did indeed hold, as I discussed more thoroughly in Appendix #1.

Third, I wanted to see if reports cited by Keith Augustine of mythological creatures and people who were still alive on earth represented a significant percentage. I found no such reports in the 100+ cases (50 global and 56 nonwestern) I examined. Thus, I attribute such reports to such possibilities as a) hallucinations that mimic certain characteristics of NDEs b) hallucinations that become confused with NDEs through subjects coming in and out of consciousness multiple times c) errors or fabrications in reporting or d) delusional individuals.

Strategy #3: Interview Long-Term Hospice Nurses

After reading Moody's book on shared NDEs and finding one in my own circle of trust, I wanted to see if I could find more shared death experiences, since they offer enhanced evidence by including multiple eye-witnesses. I haven't completed this survey but will update the manuscript after conducting and compiling it.

Appendix #4

But is the Evidence Scientific?

Moody's NDE studies convinced him that NDErs leave their bodies and experience life in another dimension. Thus, I'm puzzled when he occasionally deprecates the scientific nature of the evidence:

“There is one problem with NDEs: As it now stands, they are just anecdotal evidence. It has not been possible to scientifically duplicate them or study them on a closer level than what we could call ‘word of mouth.’ Until the NDE phenomenon can be duplicated, science can’t accept these stories as proof of anything but the existence of something that happens to people who almost die.”(1)

Typically, the scientists doing original NDE research have been extremely cautious and tentative in their conclusions – wisely seeking to keep discussions on a scientific, rather than hysterical, level. Thus, rather than conclude in a professional journal article, “Obviously, the mind can therefore exist apart from the brain!” they’ll instead conclude, more humbly, “These findings seem to have implications for discussions of mind/body issues.” Moody has been especially humble in this regard.(2)

Yet, for those seeking evidence of the existence of God and heaven, it's critical to clarify the type and quality of the evidence that NDEs offer. Questions such as the following aren't often clarified in NDE research:

- In what way is the evidence scientific?
- Is scientific evidence the only legitimate evidence?
- Can reports from patients serve as evidence, or should they be dismissed as “mere anecdotes”?

In part, neglect of these foundational questions may be explained by the fact that so

much of the research is done by physicians. Trained to view evidence through the specialized lens of medical science, they tend to define “scientific evidence” in relation to large-scale, double blind clinical trials – a very specific and limited application of the scientific method. Perhaps viewing NDEs through the lenses of other branches of science, and through the lens of legal evidence, could clarify the nature and significance of NDE evidence.

1. Must events be repeatable to be scientific?

Repeatability can be important in medical science. If Mary takes 1000 mg. of Vitamin C and claims that it cured her cold, scientists will rightfully insist that, to establish this claim, the same effect must be replicated in a large group of patients under controlled conditions.(3)

Yet, duplication isn’t possible in many branches of science, such as cosmology. Just try to repeat “The Big Bang” in your laboratory. Besides being extremely difficult, most would consider it more than a bit dangerous. Yet, although the Big Bang is not repeatable, we can gather data (e.g. observing an expanding universe and noting radiation that appears to have come from the Big Bang) and infer to the best explanation (also called abduction). And yes, scientists consider this scientific, even though we can’t repeat the Big Bang.(4)

Indulge me an illustration. I believe strongly that my wife and I were married in a ceremony in Illinois on June 2, 2001. Admittedly, I have no scientific evidence of this event, in the narrow definition of “scientific” that requires repeatability. Even if we were to repeat the ceremony in a laboratory, the repetition would do nothing to prove that a similar event took place in 2001.

Yet, I believe I was married because of very strong historical evidence. Although photos can be tampered with and false testimony can be obtained with bribes, 1) I have a strong memory of the event, and 2) I can corroborate that testimony with my wife and other trusted attendees. Additionally, 3) my life changed dramatically as a result of the experience and those changes remain to this day.

Now take away my wedding pictures and wedding certificate. The remaining evidence that I’m married is very close to the evidence we have for a shared near-death experience. Several reliable people were there and testify to sharing the experience (accompanying the person through a tunnel, etc.). Plus, the experiencers report being transformed over time. In this case, the historical evidence can be quite compelling.

My point? Repeatability isn’t a requirement for sufficient proof. While

repeatability may not prove that I'm married, I can assure you, I'm married. If you don't believe me, ask my wife.

In another sense, NDEs are in fact repeatable. Unlike the Big Bang, NDEs keep happening under predictable circumstances. Thus, past NDE studies can be replicated with a fresh set of patients to check the findings of earlier studies. While it's not practical (not to mention moral) to study NDEs by causing cardiac arrests, isn't it sufficiently scientific to study, for example, the 20 percent of cardiac arrest patients who report NDEs and infer from the resulting data to the best explanation? After all, in prospective NDE studies, many of the subjects are on operating tables, being monitored carefully and observed by medical professionals during their NDEs.

Since naturally occurring NDEs occur on a regular basis, they're available for our observation and study on a prospective basis. In this sense they are indeed repeatable.

4. Is the evidence purely anecdotal?

Defining "Anecdotal"

Although people use the word "anecdotal" many different ways, in this context they typically mean "evidence that's deemed substandard because of a reliance on personal accounts that amount to little more than hearsay." **(5)**

Some seem to imply that science, by its very nature, deals with facts and research, as opposed to personal accounts, as if personal accounts have no place regarding scientific evidence. That this is a gross overstatement is made clear when we note that studies of the effects of prescription drugs (such as pain killers) are often heavily reliant upon patient accounts of what they experienced after taking the drug.

On Science and Personal Reports

NDE researchers explore many facets of the phenomenon, using many scientific approaches, such as:

- Research into the present state of scientific knowledge concerning what happens in the brain during cardiac arrest or anesthesia.
- Screening of patients for possible psychiatric issues.
- Monitoring consciousness via blood pressure, EEG, etc.
- Testing naturalistic hypotheses with blood tests to detect hypercarbia or anoxia.
- Surveying diverse people groups to test the possible impact of culture and expectations.

- Asking standard questions to a set of patients to determine if prior beliefs about the afterlife, levels of education, etc. might impact the occurrence or content of an NDE.

Some of these approaches indeed involve asking patients to describe their experiences; but if done according to scientific standards, this is far from hearsay. In fact, patient reports are one of the primary tools used by doctors to accurately diagnose illnesses.

Much of what many consider scientific evidence can be deemed less reliable than testimonial evidence. Take a specific case in forensic science. You're investigating a murder. You find a glove and a hair in the victim's car. You run a DNA test on the hair and find that it matches the DNA of the accused. So did you scientifically prove who murdered the victim? No. If two respectable eye-witnesses (upstanding citizens, no apparent ulterior motives) testify that they saw the real murderer plant the hair on the glove, the eye-witness testimony may overturn the evidence from the "more scientific" DNA test.

So personal testimony can provide strong evidence – convicting criminals, educating us about the side effects of drugs, and helping doctors diagnose illnesses. Thus, when studying NDEs, testimonies of experiencers shouldn't be dismissed a priori, but rather examined to distinguish weak from strong testimony, hearsay from persuasive reports.

Moody's Study

In *Life After Life*, Moody collected stories from 150 NDErs, delineating and describing different elements of NDEs that kept turning up (tunnels, meeting deceased loved ones, encountering a barrier, etc.). Although his study wasn't, by his own admission, scientifically rigorous, his background in philosophy and medicine allowed him to reflect on possible explanations for the phenomenon. His informal interviews and distinguishing of common elements performed a valuable service in motivating other scientists to study NDEs in a more controlled and rigorous way.

Skeptics could rightly ask of *Life After Life*:

- Since he didn't present complete interviews, did he cherry-pick from interviews the parts that intrigued him and fit snugly into his NDE characteristics?
- Did he find interviewees by looking for those who had a similar experience to the ones he wanted to explore, thus not hearing from those who had vastly different experiences?
- When people mentioned seeing things while they were unconscious,

were these claims corroborated?

- Were people interviewed so long after the experience that they'd begun to forget or embellish?

In sum, although Moody performed an invaluable service by exposing millions of people to a fascinating phenomenon, his casual methods and reporting left many saying, "Not very scientific. Mostly anecdotal."

Sabom's Study

Sabom tended to disbelieve Moody's claims and tested them by doing his own prospective study. The evidential value of the reports he collected was enhanced in several ways.

- He interviewed them as soon as possible after the event often in the hospital.
- He checked patient records and personally interviewed patients to rule out psychiatric problems.
- He verified claims of veridical perception with a control group (Can patients likely guess the specifics of their resuscitations?), medical records, family, and attending doctors and nurses.
- He considered possible ulterior motives for sharing their experiences. Are they a bit too eager to share? Are they searching for attention?

Van Lommel's Study

Van Lommel conducted his interviews similarly to Sabom, but additionally re-interviewed at two and eight years to see if their reports changed (through embellishment or faulty memories). They didn't. This helped to establish that NDE memories remain fixed. This finding was replicated in other studies.(6)

Is it likely that NDErs are making things up? Many researchers note that NDErs make serious life changes, differing from control groups that have a cardiac arrest but with no accompanying NDE.(7) Why would their lives change as a result of an experience that they fabricated?

Furthermore, researchers found NDErs very reluctant to share their stories for fear of being considered mentally ill.(8) There seems to be little upside and a strong downside for sharing their stories, especially if researchers are providing no cash or publicity incentives.

Jeffrey Long's Study

Dr. Jeffrey Long obtained his interviews anonymously, over his website. This approach takes away from the evidential value in certain ways:

- When NDErs claim they had veridical perception, such as seeing events in the hospital that others can supposedly verify, we must take them at their word, since I don't see indications that Dr. Long tried to corroborate these testimonies.
- Some might report fabricated NDEs as a joke.

Yet, anonymous surveys also have evidential benefits.

- Much larger groups can be surveyed, which can make for more meaningful statistics.
- Asking redundant questions (similarly worded questions with the same meaning) can help weed out false reports.
- People who would never report an NDE face to face might report one anonymously on a site.
- It's easier to survey people from across the globe, gaining a more culturally diverse sampling.
- Since they all answer the same questions, the interviewer is less likely to lead people (consciously or unconsciously) to answer a certain way. Anyone can read the questions to judge whether or not they were clearly and fairly worded.
- Being anonymous, there's no incentive to get attention (e.g., a first step toward a magazine article or talk show interview.)

Those unfamiliar with earlier research may deem Dr. Long's study to be worthless, since all the statistics are based on largely uncorroborated stories. But those familiar with past prospective studies have reason to trust such reports, since they've come to see NDEs as a legitimate experience, reported by people who are typically reluctant to share, whose testimonies don't change over time, and have little incentive to lie.

Factors in weighing the evidential value of personal testimony

In a court of law, personal testimony can be dismissed as hearsay or deemed compelling enough to sway a jury. What makes the difference, and how can these factors apply to evaluating NDEs? Here are some factors to consider:

1. Recent memories typically trump distant memories.
2. Those with something to lose by sharing trump those with something to gain.

3. Eye-witness testimony trumps second-hand testimony (hearsay).
4. Memories of difficult-to-forget events trump memories that quickly fade or change over time. (Don't ask me what someone wore to a party. I typically have no clue.)
5. Reports from trustworthy (deemed sane and reliable) sources trump those from questionable sources.
6. More witnesses trump fewer witnesses.
7. Corroborated testimony trumps uncorroborated.
8. Consistent interview methods trump random interviews.
9. Accountable research and reporting trumps isolated incidents. (For example, Dr. Sabom teamed with Psychiatrist Dr. Kreutziger and interviewed in well-known hospitals among other professionals. Dr. van Lommel did his study in respected hospitals with a team of people. Dr. Penny Sartori researched under the oversight two respected academics, with the assistance of doctors and nurses in an intensive care unit. The results of all of these were reported in peer-reviewed journals.)

Summary on Anecdotal Evidence

Personal interviews are used extensively in science. Yet, as with all data, we must be careful to distinguish scientifically evaluated interviews from those that amount to little more than hearsay (anecdotal). NDE researchers should be evaluated on a case-by-case basis as to the evidential value of their interviews and accompanying data.

I do think that the dominance of medical specialists doing NDE research may lead to weaknesses in evaluating the evidential value of the research. I'd suggest that scholars in other fields could add value by reviewing NDE research through the lenses of their specialties. I'd especially like to see input from experts in legal evidence and philosophy of science.

5. Isn't invoking spiritual realities such as God and heaven just another case of "God of the Gaps?"

Throughout the history of science, people have observed processes or events that defied scientific explanation and concluded, "God must have caused them." If science later explained the process, to the embarrassment of the theorizing theists, the mistake was chalked up to "god of the gaps" – the assumption that gaps in our scientific knowledge must be filled with God.

Example: Last summer I visited a cave and saw a spiraling stalactite that currently defies scientific explanation. Since gravity consistently pulls drops of water toward the center of the earth, the minerals deposited by the drop should produce stalactites that point straight down rather than spiraling. Had I suggested to the guide that God must have created it, she could rightly reprimand me for invoking "god of the gaps."

But the case of NDEs differs from the spiraling stalactite. NDE researchers aren't typically invoking the existence of God as a cause for something that defies scientific explanation. In fact, researchers tend to remain bewildered as to what triggers the event. Research indicates that the closer a patient gets to death, the more likely he is to experience an NDE.(9) Yet, as to whether it's triggered by a physical event (e.g., an event in the brain that typically occurs near death, that may open up a "door" to the other side) or triggered by something (or Someone) from the other side, researchers can only hazard guesses at this point.

Rather than arbitrarily invoking the existence of God as a cause for NDEs, reports of meeting God are found as a common part of the experience to be explained. So our scientific study of NDEs necessarily leads us to ask the question, are the places and beings described by NDErs illusory or reality?

NDE reports lead us to consider all the relevant scientifically gathered data and use it to infer to the best explanation. One explanation is that the experience is generated entirely by their brains. Another is that NDErs experience consciousness outside their bodies. That's precisely what we evaluated in this book, which is far different from a god of the gaps argument from ignorance.(10)

6. Are NDE researchers using the scientific method?

Here's an over-simplification of Sabom's first prospective study, organized around the typical steps of the scientific method.

a. Ask a Question (Do NDErs sometimes observe their resuscitations from outside their bodies?)

b. Do Background Research (What research has already been done in this area?)

c. Construct a Hypothesis (NDErs reconstruct their resuscitation stories from what they've seen on TV and heard in the hospital.)

d. Test Your Hypothesis by Doing an Experiment (Interview patients with cardiac arrests and NDEs to record accurately what they report, in a clinical setting. Compare their out-of-body perceptions of medical procedures with a control group of cardiac patients who didn't report NDEs.)

e. Analyze Your Data and Draw a Conclusion (NDE patients accurately reported, in minute detail, their resuscitations. The control group consistently guessed wrong. Thus, NDE patients apparently saw their resuscitations from outside their bodies.)

f. Communicate Your Results (Publish results in peer-reviewed journals so that

other scientists can freely comment and try to replicate the findings.)

I think the last step is significant. Rather than publishing in niche new age magazines or sensationalist newspapers, they published in the appropriate professional journals. As I said in the body,

Over 900 articles on NDEs had been written in scholarly literature up until 2005, gracing the pages of such respected journals as Psychiatry, The Lancet, Critical Care Quarterly, The Journal for Near-Death Studies, American Journal of Psychiatry, British Journal of Psychology, Resuscitation, and Neurology. In the 30 year period after Moody published *Life after Life*, 55 researchers or teams published at least 65 studies of over 3500 NDEs.(11)

Publication in appropriate journals gives scientific accountability in at least two ways. First, professional journals have peer review teams who screen articles for adherence to scientific methods. The reputation of the journal is on the line if they publish scientifically substandard work.

Secondly, peers in each respective field may comment on the study in later issues, or refer back to the study in later studies. Both the author of the study and the journal editors have their reputations on the line if the study shows bias or if later studies fail to replicate the results.

7. Does the evidence point beyond our final death?

Since “death” is typically defined as the final, irreversible cessation of life, those resuscitated from “clinical death” (i.e., cessation of heartbeat and breathing) were never truly dead. Thus, some argue that NDEs tell us nothing about what happens after a person’s final death.(12)

It’s certainly arguable (as I have argued) that they didn’t visit their final destination. But while they were on the other side (perhaps we could call it heaven’s front porch) many claimed to find evidence that there was more to come after their final deaths.

- Many met friends and relatives who had experienced their deaths many years before. These stayed dead (not merely clinically dead), from the earthly standpoint, but had apparently been experiencing an otherworldly life for years of earth time.
- Many reached a barrier, which they understood to be a point of no return. They believe that they peered to the other side, which would have been their first steps into the after-death existence.
- Some were shown a glimpse of heaven, such as Dr. Richie, the first

person to tell Dr. Moody his NDE.

- Death-bed visions are reported by people who are entering their final death. They seem very consistent with NDEs.

As far as NDErs are concerned, what they experienced on the other side provided overwhelmingly sufficient evidence that life will continue after their final deaths. This explains why so many of them no longer fear death.

Conclusion on the Scientific Nature of NDE Research

NDE researchers typically use scientific methods. Whether or not they apply scientific methods rigorously should be determined on a case-by-case basis rather than dismissing the entire field as based upon anecdotes.

Yet if I'm on target, why then would Moody, well-trained in medical science, deprecate the scientific evidence? I'd suggest that Moody was speaking more as a philosopher than a scientist. As an admirer of Socrates, who could dismantle dogmatic opinions with a few probing questions, Moody shunned concrete statements, preferring the role of the ever-questioning skeptic. According to Moody,

“My goal in this research was to remain a true skeptic in the ancient Greek sense – one who neither believes nor disbelieves but who keeps searching for truth.”(13)

Yet, by the time he wrote his 2012 biography, he admitted that he'd finally become “brazen” about voicing his conviction that God and an afterlife exist. Why the change?

“After more than four decades of studying death and the possibility of an afterlife, I have come to realize that my opinion is buttressed by thousands of hours of research and deep logical thought of the type that few have devoted to this important topic.”(14)

Appendix #5

Dr. Susan Blackmore's "Dying Brain Hypothesis"

Dr. Blackmore and Her Book, Dying to Live

Since Blackmore has presented one of the most comprehensive naturalistic hypotheses concerning NDEs, her hypothesis deserves special consideration in an evaluation of the evidential value of NDEs. She's no stranger to the relevant fields of study, having an academic background in psychology and physiology (Oxford University) and a Ph.D. in parapsychology (University of Surrey). She documents her sources and shows familiarity with much of the NDE research. I also appreciate that she often expresses her conclusions with appropriate tentativeness when they're built more upon educated guesses than facts. When she can't find an answer, she may go the extra mile by corresponding with a researcher or conducting her own survey. She writes clear prose and organizes her thoughts within workable divisions that flow logically. For these reasons, although I disagree with many of her conclusions, I consider *Dying to Live* to be a good book that I benefited from reading – the best attempt I've seen to defend a thoroughly naturalistic position.

The Two Competing Hypotheses

Blackmore clearly defines our two fundamental choices:

- The 'Afterlife Hypothesis' "suggests that the NDE is a glimpse into life after death."
- Her 'Dying Brain Hypothesis' holds that "all the phenomena of the NDE are...products of the dying brain...that will ultimately stop when the brain's activity stops."(1)

Points of Agreement with the 'Afterlife Hypothesis'

Blackmore agrees with the ‘Afterlife Hypothesis’ on many important points, including:

- People have these experiences (they aren’t fabricating them) and are typically convinced they represent a trip to the other side.
- They are generally sane, intelligent people and can’t be brushed off as delusional.
- The experience is generally consistent from culture to culture, no matter what NDErs believed previously about the afterlife.(2)
- Many of the typical explanations – psychological expectations, oxygen deprivation, etc. – fail to fully explain the phenomenon.(3)
- NDEs significantly change people’s lives.(4)

Blackmore’s Argument

I’ll attempt to sum up Blackmore’s argument, as presented in *Dying to Live*, as follows:

1. If NDEs can be explained naturalistically, there’s no reason to invent other worlds, minds and souls (the ‘afterlife hypothesis’) to explain them.

2. Since each of the elements of the NDE can be produced by other means than coming near death (e.g., drugs, dreams, oxygen deficiency, etc.), we have reason to believe that the entire NDE (made up of those elements) may also be explained naturalistically.

3. The ‘Dying Brain Hypothesis’ suggests ways that each element of an NDE might occur naturalistically during a near death event. For example, the feeling of peace and joy may be produced by natural opiates released by the body during extreme stress. The life review may be produced by “random activation and seizures” in the part of the brain that organizes memories. Although none of this has been proven, it makes sense that it might happen this way.

4. This hypothesis makes better predictions for each of the NDE elements than the spiritual hypothesis. For example, the ‘afterlife hypothesis’ gives no reason why people should pass through a tunnel, rather than through a door or an elevator or a row of hedges. The dying brain hypothesis predicts that there should be a tunnel. Hypotheses that make predictions trump hypotheses that don’t.

5. If the physically unconscious (e.g., their brains are incapable of consciousness) could be shown to be fully conscious in some other realm (e.g., if they could verifiably see events in the operating room) this would overturn the dying brain hypothesis and confirm the spiritual hypothesis. Yet, the evidence for such events are never compelling.(5)

6. Therefore, the best hypothesis we have is a naturalistic one, i.e., the ‘Dying Brain Hypothesis’.

In its favor, this hypothesis takes into account many near death studies and other relevant scientific studies. The argument is well documented and makes some accurate predictions.

Weaknesses in the Hypothesis

Although Blackmore’s attempt is admirable, in my opinion it falls short in several significant ways.

1. The hypothesis is based largely upon “What ifs” rather than proven facts. She admits this when she writes,

“What happens to the brain when a person approaches death? A first approximation to an answer is simply to say that we do not know.”(6)

Yet, she can reason from known facts and propose explanations of how the dying brain might produce a NDE, so she proceeds to speculate. To confirm her hypothesis, her speculations would need to be tested, but she admits that many of her explanations

hadn't been tested at the time of writing.(7)

Over the past 35 years of near-death studies, many of her explanations (e.g., for the tunnel and the light) have been researched and found wanting, so that by 2009 a summary article of the peer-reviewed research by leading NDE researchers could conclude:

“Theoreticians over the past 30 years have proposed various models to explain NDEs. From our review of the characteristics of Western NDErs, we found little evidence to support previously proposed biological, psychological, or sociological explanations as the sole cause(s) of NDEs.”(8)

Note my earlier discussion of naturalistic explanations for a fuller discussion.

2. Her assumption that each of the NDE elements can be reproduced by natural means needs to be demonstrated rather than assumed.

Typically, the similarities break down upon closer inspection.(9)

3. Some of her predictions were disconfirmed by later research.

- **Her hypothesis suggests that the dying brain should consistently produce a tunnel vision experience.(10)** Yet, in Jeffrey Long's survey of over 613 NDErs, only one third reported going through a tunnel.(11) The 11-year-old boy I interviewed passed through a gate rather than a tunnel.

Further, the tunnels reported are often very different from the tunnel vision experience. One of my interviewees reported the light as shining from behind him as he watched his body from above. Yet, according to Blackmore, the light should be in the middle of the line of site. Some NDErs report tunnels with vibrant colors, rather than black, which again wouldn't be predicted by Blackmore's hypothesis.(12)

- **Her hypothesis predicts that people who “dream in a bird's-eye**

view” should be more likely to have out-of-body experiences.(13) Sabom tested this prediction in his Atlanta Study. “No difference was found...between the dreaming modes of near-death experiencers with (21 persons) and without (19 persons) an autoscopic near-death experience.”(14)

6. She fails to argue adequately for the nonexistence of the self and the world, which is central to her hypothesis.(15)

In Chapter 7, Blackmore challenges the argument that NDEs must be real glimpses of the afterlife, since they seem “realer than real.” I fully expected her to argue that just because something seems real doesn’t mean that it is real. After all, our brains can fool us. But she took a philosophical turn that shocked me.

Blackmore argued that our brains build constructs to interpret the input from our senses; but since these constructs often fail, they can’t be trusted to give us an accurate view of what’s outside of ourselves. In fact, since there’s no proof that a real world exists outside of our selves, she dismisses perceived reality as an illusion, including the “I” that’s supposedly perceiving it. Thus, she speaks of “the illusion that there is a real world out there.... This way there is nothing to find and no self to find it.”(16)

What are the implications of this view to understanding NDEs?

- If life as we perceive it – the rocks and trees and people – are merely illusions constructed by our brains, then obviously any afterlife outside of this world is illusory as well.(17)
- As the brain dies, it can no longer maintain the illusory construct of the self. This explains NDErs reporting a sense of timelessness. “...time and self are all part of the same mental construction.”(18)
- Decisions are illusory. There’s no self to make decisions. Things happen because they happen, not because of our choices.(19)
- NDErs’ lives change because they experienced for a moment the

breakdown of “the self-model, which was the root of all our greed, confusion and suffering.”(20)

I don’t want to argue extensively against this worldview, since the burden of proof would seem to be on Blackmore to argue that we don’t exist. After all, most of us take our existence and the existence of an outside world to be self-evident. But I will mention two seeming inconsistencies relevant to the present discussion.

1. It seems to make no sense to argue for our nonexistence in a book that’s written for the purpose of convincing “others” of something. If these “others” are simply collections of nonexistent individuals, why try to convince “them” of things?

In fairness to Blackmore, she’s a smart, well-educated person. I’m sure she’s thought through all these obvious objections to her view on existence and if we were to sit down and discuss it, I could better understand her line of reasoning. Yet, since she gives no extensive argument for this position, many readers will surely wonder about these apparent inconsistencies.

2. The reports from NDErs don’t seem to describe in any way this dissolution of self. Quite the opposite, they consistently report a strong sense of self.

- The self is amazed to find itself disconnected from its body.
- Deceased relatives greet the NDEr, herself.
- The self experiences its mind on hyperdrive – thinking, communicating, making observations, laying down memories.
- The self reflects on the decisions it made during life, realizing the importance of both selfish and compassionate choices.
- The self is often involved in the decision of whether or not to return.
- The self interacts with other selves, without losing its own sense of self.
- Once back, the self, rather than concluding that it doesn’t exist, determines that it exists for a reason and purposes to make better, more compassionate life choices.

Much research indicates that NDErs report a stronger sense of self, not weaker, and attribute life changes to a sense of purpose and importance. Blackmore suggests that when people regain consciousness, their brains reconstruct the illusion of self and interpret their NDEs in the light of this. Yet, since the primary data we're dealing with is NDErs' reports, if their reports aren't accurate, how can we formulate any meaningful hypothesis of the experience?(21)

Since we form theories by considering all the data and inferring to the most reasonable explanation, the afterlife hypothesis seems to fit the data much better than one that denies the existence of the self and the world.

Which is the more extravagant hypothesis?

If inventing other worlds to explain NDEs seems a bit extravagant to Blackmore, I'd suggest that explaining NDEs by denying our present world, to the point of denying our own existence, is at least as extravagant. After all, if we deny our selves and the perceived world, what do we have left to reason about? If the constructs built by my brain are ultimately flawed and there's no way to improve upon my construct, then haven't we destroyed the scientific method, since it's a construct as well? If the world doesn't exist, what then is left for science to study?(22)

Granted, if her argument holds up, then she truly destroyed the argument that NDEs are real because they seem so real. Yet in doing so, she destroys any notion that anything whatsoever is real, destroying the reality of science, us, and the present world along the way.(23)

7. She fails to adequately explain away the corroborating evidence. Blackmore admits that verified veridical perception would disprove her hypothesis. Concerning the claim that people leave their bodies during NDEs, Blackmore states, "If these claims are valid then the theory I am developing is wrong...."(24)

I appreciate that Blackmore devoted an entire chapter to claims of corroboration, dealing especially with Sabom's research. In essence, she suggests that Sabom's patients, although deemed unconscious, could possibly hear and feel more than Sabom thought, thus enabling them to construct visuals of their resuscitations.

I'd argue that a close examination of Sabom's work would yield Blackmore's explanation unlikely; but she suggests that survivalists need to find NDEs where there's stronger proof that the patients couldn't have constructed visuals from data gathered from other senses. She traced down a few reports of the congenitally blind reporting seeing during NDEs, but concluded they were all dead ends. Yet, six years after Blackmore published her book, Ring and Cooper published their report of the congenitally blind reporting veridical perception. If these reports hold up to scrutiny, they provide strong evidence against Blackmore's hypothesis. **(25)**

10. She accuses the afterlife hypothesis of making no significant predictions, making her hypothesis the preferred one due to making actual predictions that could be tested.

Yet, it seems to me that the afterlife hypothesis makes significant predictions, many of which have proven accurate by 35 years of near-death studies. Here are some examples:

Prediction #1 - People born deaf might report hearing, since an out-of-body auditory experience wouldn't be dependent upon physical ears.

Prediction #2 - People born blind might report seeing, since an out of body visual experience wouldn't be dependent upon physical eyes.

Prediction #3 - If people claim to be very much alive outside their bodies while clinically dead, we'd expect to occasionally find confirmation of events they witnessed (details of the operating room, etc.)

Prediction #4 - If God were involved in these events, we'd expect the experience to exhibit some purpose, which should be evidenced by subsequent life changes.

Prediction #5 - We would expect vivid experiences even when the brain is verifiably not capable of producing consciousness, although the memory of these experiences might be dependent upon variables such as what drugs the doctors administered.

Prediction #6 - We would expect elements of the event to possibly include relevant, meaningful (as opposed to random dreamlets with no meaning) subjects such as, a) whether or not to return, b) how you lived your life, c) whether or not you need a mid-life tweaking.

Prediction #7 - We would be more likely to encounter people who had died rather than currently alive. We might even see some people we weren't aware were deceased.

Prediction #8 - The experience should make sense as a unified whole rather than consisting of random memories or random hallucinations. It would likely have closure, rather than an abrupt, mid-sentence ending.

Prediction #9 - The experience would likely feel real, since it would indeed be real.

All of these predictions are borne out by NDE studies.

Appendix #6

Dr. Kevin Nelson's Spiritual Doorway in the Brain

Dr. Nelson teaches neurology at the University of Kentucky. While the book encompasses spiritual experience beyond NDEs, they are central to his thesis and at the forefront of his discussions. Why does the book warrant treatment in an appendix?

- It's a recent book (2011), which has received coverage in the popular press.
- It's one of few book-length attempts to explain NDEs naturalistically.
- He claims to offer fresh insights from his specialty of neurological science.
- From beginning to end, Nelson takes bold, brash, patronizing shots at other researchers:

“I watched with wry amusement and professional concern as cardiologists, radiologists, and cancer specialists speculated wildly about brain activity during near-death experiences. I was dismayed when their misuse of science led to what I knew were misunderstandings and myths: people returning from brain death miraculously intact, or near-death experiences that proved God exists and we are all headed for an afterlife.”(1)

“Under the guise of science, researchers have claimed that near-death and out-of-body experiences ‘prove’ that mind exists separate from the physical brain. Such a claim is the most extraordinary in all of science, surpassing even the dramatic assertion that other intelligent life exists in the Milky Way, our galaxy.” (2)

Strengths

- Nelson writes with clear and lively prose, making relevant neurology

accessible to the rest of us. I loved his descriptions of the marvelous workings of the brain.

- I appreciated his humility to admit that we're far from a complete understanding of how the brain works.

“...neurologists inhabit domains isolated by their insights into the anatomy, chemistry, and physiology of an organ whose depths may be as unfathomable as the astronomer's void above.”(3)

- Nelson brought relevant research to bear on spiritual experiences that's not typically considered in NDE discussions, such as insights by respected intellectual William James, author of *The Varieties of Religious Experience*.

- Nelson defends his own unique hypothesis that NDEs occur when “part of the dreaming brain erupts in a brain already awake. And blending REM with waking consciousness creates experiences that are realistic and memorable.”(4)

Weaknesses

Caught in a Paradigm?

Nelson appears to have begun his study with his naturalistic conclusion pretty well set. As a neurological intern, he encountered his first NDE in one of his patients:

“I knew that the brain that fuses Monet's strokes of color to perceive a water lily was also responsible for the hyper-realistic image Joe saw when he was close to death.”(5)

So, how did Nelson know this so assuredly before even studying NDEs? He seemed to never seriously consider that the patient might have experienced something outside his body. Rather than purposing to objectively weigh the evidence for the out-of-body experience, he purposed to deconstruct the natural brain processes that he

assumes are responsible for the experience.(6)

While researchers such as Moody, Sabom, and van Lommel also began their studies with a naturalistic bias, their exposure to NDEs caused them to question that paradigm. The tone and content of Nelson's book indicate that he never seriously considered that the experiences might have been true encounters with God and heaven.

Now it may sound fanciful for me to consider that a trained neurologist's scientific objectivity could be swayed by his own paradigm. But Thomas Kuhn's influential *The Structure of Scientific Revolutions* revealed a strong tendency among scientists to resist evidence supporting rival theories. Many can't objectively evaluate competing theories, even when the evidence mounts to the point that it should be compelling.

My evidence for suggesting that Nelson is unduly influenced by his naturalistic paradigm? Besides the description of his first encounter with NDEs, and his dismissive and demeaning attitude toward NDE researchers who disagree with him, note the following weaknesses in his research.

1. His fresh study of NDEs seems sensationalized and flawed.

In his prologue, Nelson claims that he and his team of neuropsychologists "collected one of the largest numbers of research subjects with near-death experiences ever compiled and compared their sleep experiences to the experiences of other people matched by gender and age. What we found intrigued the scientific community and sparked international media attention."(7) Compare this description with his actual study:

· **He studied 55 subjects that he contacted through Dr. Long's NDERF site.(8)** So why is he trumpeting his study as so large, especially for a retrospective study? In comparison, Dr. Long has collected over 3,000 NDE experiences, doing an extensive analysis of 613 of them. Dr. Fenwick studied 300 NDEs, Dr. Moody 150, and Dr. Ring 102. What's so groundbreakingly huge about interviewing 55 people who were already collected by Dr. Long?

· **His survey questions failed to distinguish experiences before and after their NDEs.** Research has found that after having NDEs, many claim to have ongoing paranormal experiences that they didn't have prior to their NDEs.(9) Thus, we'd expect to find many more NDErs claiming to, for example, have experiences where they see or hear things that others can't see or hear. To ascertain whether certain people are predisposed to NDEs by their tendency toward such "paranormal" experiences, Nelson would need to ask if they had these experiences prior to their NDEs. He doesn't indicate in his book that he made that distinction, thus invalidating his conclusions.(10)

2. He fails to reveal contrary evidence.

Example: Nelson explains the NDE tunnel experience by referring to the tunnel vision experienced by pilots.(11) Is he aware of the extensive criticisms that have been leveled at this explanation over the past 35 years?(12) If so, shouldn't an objective scholar at least mention why serious NDE researchers typically reject this as a sufficient explanation?(13)

3. His reporting of research can be sensational.

Example: Nelson sees "enormous" implications from a study by Dr. Thomas Lempert that compared the symptoms of fainting to the elements of NDEs. This intrigued me, as it appeared to represent a new line of evidence.

Nelson reports:

"Lempert's team compared the experience of their subjects to Moody's descriptions of the near-death experience. Surprisingly, they found "no real difference [emphasis his] between the two types of experience."(14)

This is quite a claim. From Nelson's description, Lempert has practically reproduced NDEs with induced fainting.

Yet, a perusal of Lempert's study shows significant differences in almost every respect. Review Moody's elements. Compare Lempert's study. None of Lempert's subjects reported experiencing such common NDE elements as a life review, meeting

a being of light, talking with deceased relatives, an impression of “realer than real,” distortions in time and space, approaching a border, a decision to return, ineffability, changed lives, etc.

Even the characteristics deemed similar were, upon closer inspection, vastly different:

- Lempert noted that 17 percent of his fainting subjects reported “appearance of light,” compared to 14 percent of NDErs. That sounds pretty similar, until you realize that the “appearance of light” in the fainting subjects consisted of seeing “gray haze, colored patches, or bright lights.” This is wildly different from the unearthly, exceedingly bright point of light that NDErs are drawn to, can observe without squinting, and are convinced is a personal entity.

- Sixty percent of the fainters heard “audible noise or voices,” which “ranged from rushing and roaring noises to screaming or talking human voices, but never contained intelligible speech.”**(15)** Hearing unintelligible speech is worlds apart from NDE reports of clear, effortless, easily-recalled communication with deceased relatives and celestial beings.

- Fainters reported “visual perceptions,” which appear much like dreams. Yet the quality and content of these perceptions appear radically different from NDEs.

How could someone possibly conclude from this study that “they found no real difference between the two types of experience”? This claim is akin to saying, “I sometimes throw utensils in the kitchen and professional quarterbacks throw balls on a football field. Therefore, the two experiences are strikingly similar – no real difference at all.”

Lempert’s study did find some fainters reporting feelings of being out of body and a tunnel experience, but he describes neither of these in detail. Often in studies of this nature, once we have more detail, we find more dissimilarity than similarity. A feeling of being outside the body can refer to everything from a vague sense of disconnectedness to dreaming of an experience with a bird’s eye view, both very different from the out-of-body experience of an NDEr.**(16)**

4. When he occasionally mentions opposing research, it's often misrepresented.

- He castigates van Lommel for claiming that his cardiac arrest patients had been “clinically dead,” claiming, “The brain is nowhere near physically dead during near-death experiences. It is alive and conscious.”(17) He goes on to argue that brain death occurs when a cell ruptures and “there is no putting it together again.”

Yet, Nelson here blurs the common distinctions between “brain death” and “clinical death.” “Clinical death” is typically defined (for example, in the authoritative Oxford Dictionary of English) as the cessation of heartbeat and respiration, which is precisely how van Lommel used the term.

- Next, Nelson attacks the Pam Reynolds case. First, he has “no doubt” that Pam “awoke during surgery,” although he admits that this happens in only 0.18 percent (almost two in a thousand) of patients.(18) Yet, he fails to mention that her state of consciousness was being constantly monitored via EEG and brain stem response – with much greater safeguards in place than a more typical surgery.

Second, he argues that she overheard conversations while they thought she was unconscious. But how could she possibly hear with the loud clicking in her ears? Again, he failed to mention that. His explanation makes one wonder if he ever read the original report as detailed by Sabom.(19)

5. He fails to grapple seriously with the positive evidence.

After finishing the book, I had a déjà vu from when I finished the last episode of the TV series LOST. There were too many loose ends. If NDEs can be naturalistically explained as special dream states, then:

- Why do they differ so dramatically from dreams?
- Why do they consistently exhibit closure?
- Why do people who are born deaf report hearing and those who were born blind report seeing?
- Why are there such consistent elements in a story line that makes so much

sense and has such meaning to the experiencer?

- How do you explain the 100+ corroborated out-of-body experiences reported in professional studies?
- How do you explain shared experiences, where people who are neither depleted of oxygen nor in fear of their own death, experience the same NDE simultaneously?

Nelson blithely ignores this relevant data. These oversights are quite astounding, especially in the light of his demeaning attitude toward other researchers.

Nelson appears to assume that by suggesting naturalistic explanations of certain elements of the experience, that he's explained away all supernatural elements. If so, his argument runs something like this:

Since we know that natural processes, from dreaming to fainting to taking LSD, can cause elements similar to those in NDEs, the experience requires no explanation beyond the brain.

But suggesting naturalistic hypotheses in no way disproves all the positive evidence. Allow me to illustrate.

Imagine that Dr. Nelson recently extracted a tumor from my brain and he's visiting me several days later in my hospital room. I tell him, "I'm feeling so much better! In fact, I escaped from the hospital this morning and sipped a latte at the Starbucks next door."

Dr. Nelson replies, "Mr. Miller, please understand that after a surgery of this nature, people often slip in and out of REM sleep in such a way that they experience vivid hallucinations. Since we know that the brain can produce dreams of this nature, there's no reason for me to believe that you shuffled over to Starbucks in your hospital gown."

"But Dr. Nelson," I object, "here's my Starbucks cup and my receipt, dated at 8:30

AM. Why don't you call Starbucks and ask the baristas if they just served a patient in a hospital gown?"

Therein, to me, is the central weakness of the book. Nelson assumes that if he can show that the brain can produce an experience resembling an NDE, that he would thereby prove that NDErs never leave their bodies. He needs to go further and deal seriously with the positive evidence that researchers offer to corroborate the stories.

Example: Nelson tells of his friend Jake, who woke suddenly at 3:00 A.M., "felt a breath on his face, smelled his mother, and strongly sensed her presence. At that apparent moment she died a continent away."**(20)**

Nelson explains this experience naturalistically in two ways. First, we know that stimulating a specific region of the brain can cause a person to sense a presence, although none is there. Thus, perhaps Jake was dreaming of his mother and woke suddenly out of REM sleep, experiencing her presence because his "temporoparietal region was still turned off from REM."**(21)** So let's grant that the brain can produce a sense of someone's presence.

But what of the remarkable timing? Nelson suggests that perhaps it was merely close to the time of her death, but not exactly.**(22)**

At this point, it would seem that Nelson shows a deplorable lack of scientific curiosity. In his first mention of the incident, he says that Jake woke at the "apparent moment" that his mom died. Well, you referred to Jake as your friend. Why not ask him some relevant questions to get to the bottom of this? Did he look at his clock when he woke to make sure it was 3:00 AM? Is there confirmation (death certificate, report from the family or hospital) that his mom died at precisely 3:00 AM? Does he often wake up sensing his mother's presence, like every other day, thereby increasing the odds that this would happen on the morning of her death?

If Jake has never before woken up abruptly, sensing his mother's presence, then why, during the week of her illness, out of 56 possible sleeping hours, did he wake and sense her presence at the precise hour (or even precise minute, if this could be verified) that she died?

And how does this compare with the many other reports of people sensing a friend or relative's death? I mentioned my cousin Bucky waking in the middle of the night with a shared death experience at the precise time of his father's passing, then immediately receiving the phone call that his dad had died. In Bucky's case, he hadn't been worrying about his father's health. The heart attack was sudden and unexpected. He'd not been ill.

Granted, the brain can produce many varied experiences. But the remarkable timing suggests to me that something outside of Jake's and Bucky's brains prompted their experiences.(23)

Dueling Neurologists

Since Nelson emphasizes repeatedly that trained neurologists are uniquely qualified to understand the nature of NDEs, those who read Nelson should also read Dr. Eben Alexander's Proof of Heaven. Alexander is an academic neurosurgeon who taught for 15 years at Harvard Medical School and published over 150 articles and chapters in professional medical literature. After experiencing a deep NDE of his own, he examined his experience in the light of neurological science. Alexander concluded that he truly experienced life and God in another dimension, separate from his body.(24)

Appendix #7

Reflections on NDEs and Christian Teachings

NDE researchers run the religious spectrum from traditional to New Age, from fundamentalist to atheist. Christians often want to know how NDEs mesh with Christian teachings. It's interesting in this regard that Dr. Ritchie, the psychiatrist at the University of Virginia who profoundly influenced Moody, reported that the being he encountered was "the son of God."**(1)** When Moody asked Dr. Ritchie if he could dedicate Life after Life to Him, Ritchie replied, "I appreciate that, but I would rather you dedicate it to Jesus Christ because he is the one who gave me this experience."

But Moody wanted to "stay neutral on the question of religion," so he dedicated it "to George Ritchie, MD, and through him to the One whom he suggested."**(2)** It's interesting that as Ritchie spoke to groups about his experience, people began sharing their experiences with him and writing him letters. Not having the time to respond, his wife threw them away. Had he put them in a book, the beginning of NDE research might have had a more distinctively Christian flare.

Yet, it's questionable whether the scientific community would have responded at all, since it would have been considered a "religious" book. Perhaps it's providential that Moody presented NDEs to the world in a nonreligious context, making no claims about religious implications. In this way, doctors and other scientists felt comfortable studying them objectively, as a scientific rather than religious enterprise.

Here are a few thoughts that Christians should consider.

1. The dominant experience appears to be consistent with biblical teachings. I laid out some of those consistencies in Chapter 6.

2. Elements that occur infrequently – that aren't considered part of the core experience – should be regarded with more skepticism. After all, in a medical

crisis, a person might have both a legitimate NDE and a vivid hallucination, failing to distinguish the two. Reports of prophecies, memories from past lives, etc., should especially be looked upon with a skeptical eye, since they aren't reported in the typical experience.(3)

3. Jesus, angels, and other specifically biblical beings and imagery are often reported in NDEs. Yet it's often difficult to determine if the experiencers merely assumed that the being they saw was an angel (or Jesus), or if the being actually identified itself in some way. In other words, a celestial messenger may be reported by a Christian as an angel (transliterated "angel" from the Greek word meaning "messenger") or identified by a Hindu as a Yamadoot (also a messenger). Perhaps both saw the same being – a celestial messenger – but named that messenger according to their traditions. (It's interesting that in Dr. Ritchie's NDE, the being wasn't assumed to be the Son of God; He was introduced in the NDE as the Son of God.)

4. Discern the difference between the experience (which may be legitimate) and the interpretation (which may be influenced by a person's worldview). One person may insist that her experience proves that we're not individuals at all, but a part of a universal consciousness. But was this conclusion drawn solely from the experience itself, or did she interpret it in the light of her worldview?

5. Maintain a healthy skepticism. Solomon warns us that "The naïve believes everything..." So don't be naïve. If someone claims that, in her NDE, God told her to start a new church and that you should join, should you believe her?

"Don't believe every spirit," the apostle John warns us, "but test the spirits, whether they are of God, because many false prophets have gone out into the world." (I Jn. 4:1) Just as false prophets in Old Testament times said "Thus saith the LORD" when God hadn't spoken (Ezekiel 13:6, Jeremiah 23:16), so today's self-proclaimed prophets should be tested as well. The ancient Hebrews tested prophets in several ways. Had 100 percent of their previous prophecies come true? (Deuteronomy 18:21,22) Were their prophecies consistent with what God had previously revealed? (Deuteronomy 13:1-3) Do they have potential ulterior motives for sharing their stories (e.g., speaker fees, book sales, etc.)?

Christians have various views on NDEs. Christian apologist Gary Habermas argues that, while veridical perception provides a good argument for the separation of mind and body, there's no evidence to verify that people's experiences with God and other celestial beings is accurate, since we have nothing to corroborate that part of the experience. He holds that NDEs provide strong evidence for life after death, but no evidence for the distinctive truth claims of any one religion.(4)

6. Be wary of seeking the experience. It's tempting to assume that since NDEs are such life-changing experiences, we should seek elements of the experience, such as training ourselves to astral project or trying to communicate with deceased relatives. While the scriptures speak of people having visions and even on occasion communicating with the dead (Matthew 17:1-3), we're never encouraged to seek such experiences.

Scriptures teach that just as there are good and evil people on earth, so are there good and evil beings in the spiritual dimension. Malevolent beings are often reported in distressing near-death experiences. Since the evil one "masquerades as an angel of light" (II Corinthians 11:14), how can we be certain that everything we (and others) might experience on the other side is benevolent and represents the truth?

Thus, the Scriptures consistently forbid consulting mediums. "Do not turn to mediums or seek out spiritists..." (Leviticus 19:31). Again, even if mediums truly contact beings in a spiritual dimension, how can we know that the beings are benevolent and speaking the truth?(5)

7. Determine your primary source of spiritual knowledge. Christians typically believe that their Scriptures are authoritative in matters of teaching. Thus, they should be wary of any experiences that teach anything contrary to the Scriptures, or that claim to add new revelation, even if it appears to be spoken by an angel from heaven (Galatians 1:8,9; Deuteronomy 4:2,12:32; Revelation 22:18,19).

In this regard, it seems wise to regard NDEs as natural revelation (e.g., learning about God from His creation) rather than special revelation (learning about God from Scriptures and His actions in history). By observing the created world, many philosophers and theologians deduce that a wise and powerful God exists. But

magnifying atoms and observing galaxies tells us little about how to secure heaven after death. Those who hope to learn this from NDEs may be expecting too much.

8. The lack of “sharing the gospel” by celestial beings may bewilder some people. If salvation is through Jesus, then shouldn’t NDErs typically report Jesus urging them to accept Him as their savior? Yet, this would seem to violate the general thrust of Scriptures – that God has left the sharing of the gospel story in the hands of believers. We never see a vision in the Bible that includes a presentation of the gospel. When Saul had his vision, Jesus directed him to enter the nearby city, where Ananias spoke to him. (Acts 9:1-18)

9. Why do some NDE studies report experiencers moving away from traditional Christianity (like leaving church) and adopting a more non-traditional spirituality (like New Age)? Actually, research is divided on this point. Van Lommel reported a tendency for NDErs to leave the traditional church, but also noted that this may have been due to a general movement away from the church in Holland, rather than being caused by the experience itself.(6) Sabom researched this issue in his second NDE study, concluding that NDErs became more committed to their local congregations, not less.(7) He concluded that “A belief in reincarnation and in Eastern, universalist religion is not a direct aftereffect of the near-death experience.”(8) In Sartori’s study, “All patients reported an increased tendency to pray, go to church, and read the Bible.”(9) Of course, NDErs typically crave more information about their experiences. If they find satisfactory explanations offered by a certain religion, they may gravitate toward that religion.

10. Don’t confuse near-death experiences with final death or Revelation’s New Jerusalem. Christians often picture life after death as identical with the “new heaven and new earth” of Revelation 21, complete with a “new Jerusalem” and streets of gold. But according to Scripture, this is established after the final judgment and after the earth as we know it has “passed away.” Perhaps the near-death experience is closer to what the apostle Paul experienced when he spoke of being “caught up to the third heaven” and “caught up into Paradise, and heard inexpressible words...” (2 Corinthians 12:1-7). “Inexpressible” – we’ve certainly heard that from many NDErs!

Since the Bible never purports to tell us everything about the afterlife, shouldn’t Christians remain humbly open concerning how creatures or “geographical” sections

of the afterlife should appear? Perhaps life on the other side offers virtually endless visual feasts, with an extraordinary variety of breathtaking flora, fauna, and vistas. Perhaps its inhabitants can travel endlessly through diverse lands and cultures. In light of the possibilities, let's be careful not to put God and heaven into a tidy, but unnecessarily limiting box.

Conclusion

NDEs seem, as a whole, to be consistent with a biblical worldview and have much to offer Christians. While historical and philosophical arguments for religious claims appeal to some, many others find such arguments dry and tedious. Yet, NDEs seem inherently fascinating and compelling.

And it's not just those who experience NDEs whose lives change – those who study NDEs are impacted as well. A survey of those studying NDEs on the university level found the students reporting increased compassion, increased self-worth, a stronger conviction of life after death, a strengthened view of God, a stronger spiritual orientation, and a stronger conviction of the purposefulness of life.(10)

I suggest that we need more engagement with these and related issues from theologians, philosophers, and pastors. Sartori noted a puzzling dearth of literature by theologians examining NDEs.(11) People who experience NDEs spend significant time trying to understand their experiences. New Age writers have done an excellent job of describing the experience within the context of their worldview. Regrettably, the literature from Christians has so far been scant. An experience of such importance to the experiencer, and of such interest to the general public, deserves a more thorough examination by theologians specifically and Christian thinkers in general.

Appendix #8

NDEs with Corroboration

(This chart was originally compiled by Janice Miner Holden and republished with permission from ABC-CLIO, LLC, originally Table 9.1, p. 194, in The Handbook of Near-Death Experiences, edited by Janice Miner Holden, et al., 2009, permission conveyed through Copyright Clearance Center, Inc.)

Sources of Anecdotes Involving Apparently Nonphysical Veridical Perception

Source (See full documentation in endnotes)	Number of Cases	Page Numbers
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Atwater, P.M.H. 1999 (1)	1	
Bonenfant, R.J. 2001 (2)	1	96-102
Brumblay, R.J. 2003 (3)	1	89
Clark, K. 1984 (4)	1	214
Cobbe, F.P. 1882 (5)	1	243
Cook, E.K., Greyson, B., and Stevenson, I. 1998 (6)	10	297
Crookall, R. 1972 (7)		384,385,387-388,389-90,391,391- 92,393-94,395-98,398,399
Ellwood, G.F. 2001 (8)	1	386
Fenwick, P., and Fenwick, E. 1995 (9)	7	25
Green, C. 1968 (10)		31,32,32-33,33 (2),35,193
Grey, M. 1985 (11)	1	
Hampe, J.C. 1979 (12)	3	121
Hyslop, J.H. 1918 (13)	1	37,37-38,80-81
Jung, C.G. 196 (14)	1	260-61
Kelly, E.W., Greyson, B., and Stevenson, I. 1999-2000 (15)	1	620
Kübler-Ross, E. 1983 (16)	1	92
Lawrence, M. 1997 (17)		516
Lindley, J.H., Bryan, S., and Conley, B. 1981 (18)	1	210
Manley, L.K. 1996 (19)	2	117
Moody, R. 1975 (20)		109,110
Moody, R., and Perry, P. 1988 (21)	1	
Morris, L.L., and Knafl, K. 2003 (22)	4	311
Morse, M.L. 1994 (23)	4	93,94 (2), 95-102
Morse, M.L., and Perry, P. 1990 (24)	2	170-71,171,172,173
Myers, F.W.H. 1892 (25)	4	155,156
Near-Death Experiences: The Proof. February 2, 2006 (26)		62,67,67-68,68
Ogston, A. 1920 (27)	3	
Rawlings, M. 1978 (28)	2	6,25-26,152-53
	1	180-194,194-200
	1	
	7	383
	2	5,56-57,57-58,75,77-78,79-80,99

Ring, K. 1980 (29)	1	50,51
Ring, K. 1984 (30)	9	44
Ring, K., and Cooper, S. 1999 (31)	3	4,6-7,7,51,61,83,101-2,108-9,109-20 226-27,227,227-28
Ring, K., and Lawrence, M. 1993 (32)	11	
Ring, K., and Valarino, E.E. 1998 (33)	2 10	59,60-61(2),62,62-63,63,64,224- 25,226(3)
Rommer, B. 2000 (34)		5-7,7
Sabom, M. 1982 (35)	1	64-69,69-72,73-74,87-
	1	91,94,99,104,105-11,111-13,116-18
Tutka, M.A. 2001 (36)	1	64
Tyrrell, G.N.M. 1946 (37)		197-99
van Lommel, P., van Wees, R., Meyers, V., and Elfferich, I., 2001 (38)	<u>1</u>	2041
Wilson, 1987 (39)	Total	163-64
	107	

Appendix #9

Guide to Further Research

Here I list bibliographies, websites, journals, and books for further research, especially for those who are doing academic research. Thus, I suggest primarily studies of multiple NDEs, rather than inspirational books where an individual writes his or her own experience.

This is an exciting topic to research and would be ideal for those doing masters theses or doctoral dissertations. Put in a year or so of intense research and you can get your hands around the field. But I'd encourage you to not rush the study. Many aspects of NDEs require not only reading, but reflection. Read a couple of chapters of a meaty study, then take time to reflect upon the data. Allow your mind to roam outside of your intellectual comfort zone. Ask among your trusted friends and relatives about people within their trusted circles who've experienced NDEs. Interview them. Then reflect upon their experiences and ask them follow-up questions. You may come up with insights that have yet to be explored. It's truly a fascinating field of study!

Video

The Day I Died: The Mind, the Brain, and Near-Death Experiences, 2002, co-produced by the British Broadcasting Company (BBC) and TLC. This video can serve not only as a personal introduction to NDEs, but also as a tool to acquaint nurses, counselors, doctors and students with NDEs. It's very well done. In this video you'll find personal interviews with NDEers such as Pam Reynolds and one who was born blind. You'll meet researchers van Lommel, Greyson, Parnia, Fenwick, Blackmore, and Sabom. I found it on YouTube, but the low quality of the YouTube copy took away from the effect. You can order the original here:

<http://ffh.films.com/id/11685>

or get a 40% discount if you join the International Association for Near-Death Studies here:

<http://iands.org/resources/educational-materials/30-the-ultimate-nde-video.html>

Interviews

At <http://www.skeptiko.com>, Alex Tsakiris interviews key writers on all sides of the mind/body, natural/supernatural debate. Tsakiris asks excellent questions, doesn't shy away from controversy, and offers both audio and print versions – free of charge. Concerning NDEs, he's interviewed such writers as Nancy Evans Bush on distressing NDEs, Raymond Moody, Melvin Morse, Jan Holden, Eben Alexander, Chris Carter, Pim van Lommel, Jeffrey Long, Sam Parnia, Susan Blackmore, G.M. Woerlee, Penny Sartori, Peter Fenwick, etc.

Books (I'm listing these in order of recommended reading for researchers, although this will vary depending upon the purpose of your study.)

Life After Life, Raymond Moody, M.D., 1975 - This book first popularized the NDE and remains a great place to start for an eye-opening introduction. Here students can read portions of a large number of NDEs to get a feel for the typical elements and what the “remarkable convergence” is all about.

As a young student, Moody didn't believe in life after death. Then he heard a presentation by a local psychiatrist who claimed to have died, come back to life, and was convinced he'd experienced life on the other side. As a philosopher (earned Ph.D.) and physician in training (he'd later complete his degree in psychiatry), Moody applied his restless mind to interviewing over 150 people about their NDEs, coining the phrase “near-death experience.”

Since Moody was among the first in recent history to study NDEs, his subjects' experiences can hardly be explained away as being caused solely by expectations of an NDE-like experience.

Two weaknesses: First, Moody notes that his subjects, while diverse in their beliefs prior to their NDEs, were all from America. Researchers would later compare NDEs in other cultures. Second, he admits that the study was largely anecdotal. He interviewed people who claimed to have the experience, but didn't indicate that he tried to verify their claims of corroboration with medical records, corroborating testimony, etc.

The Handbook of Near-Death Experiences: Thirty Years of Investigation, edited by Janice Miner Holden, EdD, Bruce Greyson, MD, and Debbie James, MSN, RN, 2009 - If you want to do serious research and have a high tolerance for scholarly detail, save yourself a lot of time by acquiring the standard reference book in its field. You'll meet the key researchers, find the most important studies, and read summaries of the current state of research (as of 2005).

Some of the most respected NDE researchers provide chapters summing up research on pleasurable experiences, distressing experiences, children's NDEs, non-western NDEs, corroborating evidence (e.g., veridical perception), explanatory models, and practical recommendations for doctors, nurses, psychologists, hospice workers, and others who treat and counsel NDErs. The thorough documentation not only gives it authority, but also helps researchers plot a course for future study.

(Note: If the price is outside of your research budget, urge your library to purchase a copy. I checked it out free through interlibrary loan and took copious notes.)

For those exploring the evidential value of NDEs, note particularly Chapters 5 ("The Near-Death Experiences of Western Children and Teens"), 7 ("Census of Non-Western Near-Death Experiences to 2005"), 9 ("Veridical Perception in Near-Death Experiences"), and 10 ("Explanatory Models for Near-Death Experiences").

Consciousness Beyond Life, Pim van Lommel, M.D., 2007 - Serious students of NDEs will want to acquaint themselves with some of the prospective NDE studies in the clinical setting. Van Lommel offers one of the most recent studies and his book is not only well-written, but also brings earlier studies to bear in drawing his conclusions.

This respected cardiologist began his practice as a naturalist, but became convinced that his resuscitated patients were very much alive outside their bodies while their brains shouldn't have been capable of consciousness. While Moody interviewed people about their past experiences (a retrospective study), van Lommel interviewed, in a clinical setting, both his patients reporting NDEs and a control group of similarly diagnosed patients who did not report NDEs, making it a prospective study.

Additionally, van Lommel re-interviewed both groups over the years to compare their long-term life changes (a longitudinal study). These aspects made van Lommel's study much more scientifically rigorous than Moody's. Van Lommel documented his sources very well and showed an exceptional command of the relevant literature in the field.

Readers lacking sufficient patience and motivation may fail to work their way through the entire book. While Moody writes for a more popular audience, van Lommel attempts to write for the average Joe, but obviously has fellow physicians in mind when he throws around phrases like myocardial infarction.

Recollections of Death: A Medical Investigation, by Michael B. Sabom, M.D. - If you want to study NDE research in chronological order, read Dr. Sabom's study immediately after Life After Life. Sabom, a cardiologist, began his interviews in 1976, a year after the release of Moody's book.

It all began when Sabom attended a seminar on Life After Life, presented by a psychiatric social worker, Sarah Kreutziger. Being the only physician present, he was asked for his opinion. He replied simply, "I don't believe it."**(1)** But Kreutziger challenged him to ask his cardiac patients about their experiences and he was shocked that the third patient he asked reported a NDE.**(2)**

Recognizing that Moody's interviews were rather casual and unsystematic, Sabom decided to do a prospective study (he also did retrospective interviews, but evaluated them separately) of his patients in the clinical setting. He assumed that, contra Moody's report, he'd find a variety of widely divergent experiences, and that he could discredit their supposed visual recollections of their surgeries (from outside their

bodies), since he knew the intricate details.(3) In sum, Sabom stated, “I suppose if someone had asked me what I thought of death, I would have said that with death you are dead and that is the end of it.”(4)

After his first year of interviews, he started changing his mind.(5) By the end of his study (five years total), after interviewing 32 patients who described in detail their own resuscitations, he was convinced that they had actually left their bodies.

A great value to Sabom’s study is that he approaches it, not just as a physician, but as a skeptical investigator. He consistently checks patient’s stories against their medical records and interviews attending physicians and nurses to corroborate stories.(6) He excluded any patients with psychiatric illness or significant mental impairment.(7) He asked very detailed questions about the medical procedures they claimed to have seen outside their bodies, and noted how different procedures were used with different patients.

Further, he set up a control group of patients who didn’t experience an NDE, asking them to describe what they thought a resuscitation would be like. In this way, he could compare the accuracy of both groups and judge how likely it would be for patients to guess the correct details.

Consistent with his approach, Sabom’s chapter on naturalistic explanations includes not only discussions of physiological explanations such as anoxia and hypoxia, but also shows why it’s unlikely that patients consciously or subconsciously fabricated their stories.(8)

Some people suspect that NDE researchers may make things up or fudge their data to get attention and try to publish a bestseller. But this seems highly unlikely for Sabom. At the time of publication, he taught Cardiology at Emory University’s prestigious school of medicine. Publishing a bogus book based on bogus data would be a sure way to lose face and potential advancement in such an institution. He also published many articles on NDEs in peer-reviewed journals, so that his work was open for critique and replication among his peers.

Overall, the book was well written, well argued, and well organized.

Science and the Near-Death Experience, Chris Carter, 2010 - The foreword by Neal Grossman, long-term philosophy professor at the University of Illinois, comes out blasting with the verbal equivalent of an M-16 machine gun. He's hopping mad that so many of his colleagues hold tenaciously to their naturalistic paradigms, while refusing to look at the evidence for paranormal activity. According to Grossman, NDE research hasn't been examined and found wanting; rather, it's been found uncomfortable and left unexamined.

After the foreword, author Chris Carter turns down the heat and coolly weighs documented evidence for and against the validity of near-death experiences. He does a fantastic job of bringing together much of the research done prior to 2010. His undergraduate and graduate degrees from Oxford prepared him well to do serious research. It is a great book for dealing with naturalistic objections to the validity of NDEs.

Dying to Live: Near-Death Experiences, Susan Blackmore, 1993 - Blackmore was at one time a Senior Lecturer in Psychology at the University of the West of England, having studied psychology, physiology, and parapsychology. She is an outspoken atheist and arguably the leading authority on naturalistic explanations of NDEs. In *Dying to Live*, Blackmore sets forth a case for her naturalistic "dying brain hypothesis."

Her two-page preface comes across strident and opinionated (e.g., "Science tells us that death is the end....") making a fascinating contrast to professor Grossman's strident introduction to Carter's book ("...science has in fact already established that consciousness can exist independent of the brain...").

Fortunately, Blackmore quickly settles into research mode and begins analyzing the data, making some helpful contributions to the discussion along the way. For an extended discussion of *Dying to Live*, see Appendix #5.

Light & Death, Michael Sabom, M.D., 1998 - While Blackmore examined NDEs through the lens of atheism, *Light & Death* peers through the lens of Christianity. Sabom's first study slowly shifted his worldview from "when we die, we die" to

“there’s an afterlife,” while leaving his readers to make their own decisions about most religious implications. This second study finds a Sabom who’s adopted a more decidedly Christian worldview,(9) addressing questions of religious significance, such as:

- Do NDErs report connections between prayer and their NDEs?
- Are miraculous healings associated with NDEs?
- Do NDEs lead people toward New Age expressions of faith, and away from institutional religion, as some researchers have reported?
- What does the Bible teach about issues related to NDEs?
- Is it possible that some beings that appear benevolent in NDEs are actually malevolent beings masquerading as angels of light?

To answer these and other questions, he interviewed 160 patients, mostly from his own practice. Forty-seven of these had near-death experiences and the rest were used for a baseline comparison.(10)

From an evidential perspective, highlights of the book include the first full description of the Pam Reynolds case(11) and his testing of the thesis that NDEs tend to lead people away from traditional religion (he concludes that they don’t).(12)

Proof of Heaven, Eben Alexander, M.D., 2012 - The above books study multiple NDEs. But there’s value in reading full accounts of a few deep experiences written by NDErs themselves. An NDE occurs in the context of someone’s life – a context which isn’t typically explored in studies of multiple NDEs. Why begin with Alexander?

Imagine that scientists decided to send someone to the other side who had impeccable credentials to report back on what he experienced. Alexander would be their man. He taught academic neurology at Harvard for 15 years. He wrote over 150 articles/chapters in academic medical literature. Although he had never studied NDE literature, he firmly believed that NDEs were produced solely by the brain, having nothing to do with God or heaven. When he slipped into a coma, he was at home and had no idea he was in danger of dying (thus no influence from expectations). He also

experienced hallucinations, so that he could reflect upon the differences between the two.

Alexander wrote, not to satisfy every skeptic by examining detailed arguments pro and con. Instead, he wrote a very personal story of his experience and how it destroyed his naturalistic paradigm. I'm seeing more and more that in dealing with worldviews, rational people can look at the same data and draw diametrically opposed conclusions. Thus, the need to examine how people make paradigm shifts. Alexander's case is fascinating to explore in that regard. Additionally his experience contains a couple of instances of corroboration (e.g., seeing a deceased relative he'd neither met nor seen a picture of).

Return from Tomorrow, by George G. Ritchie, M.D., 1978 - In addition to sending a neurologist, scientists would want to send an accompanying psychiatrist, to make sure they covered all mental/brain activities. George Ritchie was a respected Psychiatrist, his story having historical significance in that he was the first to expose Moody to NDEs. Ritchie was trying to recover from pneumonia when his bodily functions ceased and he was declared dead. (He'd later show students at the University of Virginia his death certificate.) Like Alexander, he wasn't expecting death and thus had no expectation of an NDE. Corroboration included an out-of-body trip to a city he'd never visited, which he later travelled through and recognized.

Beyond Death's Door, Maurice Rawlings, M.D., 1978 - Dr. Rawlings is a respected cardiologist who believed that death was the end of life until he repeatedly resuscitated a patient who, panic stricken, claimed he was going to hell each time he died. This harrowing experience forced Dr. Rawlings to reexamine the basis of his naturalistic assumptions and to encourage his patients to talk about their near-death experiences. He concluded that near-death experiences were indeed visits to the other side and that hellish experiences were underreported due to patients suppressing uncomfortable memories. Serious researchers were slow to acknowledge frightening NDEs, but eventually began to study them. Rawlings interprets these experiences from a conservative Christian worldview.

Evidence of the Afterlife: The Science of Near-Death Experiences, Jeffrey Long, MD, with Paul Perry, 2010 - Dr. Long, a radiation oncologist, has gathered over 3,000 (and growing) first-hand accounts of NDEs on his website:

While he's studied thousands of such experiences, he did an extensive survey of over 600 of his earliest participants, so that he's able to provide data based on larger numbers than most studies. For example, he can report that 76.2 percent felt "incredible peace or pleasantness."

Other benefits of his web-based approach include:

- Reports from people who might be reluctant to share in a face-to-face interview.
- A global sampling. An assistant found over 250 volunteers to translate reports written in a multitude of languages.(13)
- The opportunity to examine the questions ourselves to make sure they're not worded to create a certain outcome, since the survey is standard for all participants.
- The ability to avoid the problem of interviewers either consciously or unconsciously encouraging embellishment, since subjects aren't interviewed personally.(14)

Although Long writes in a journalistic style for a popular audience, he often documents his sources and shows familiarity with the scholarly literature on NDEs. He considers the evidence for both spiritual and naturalistic explanations, coming out clearly on the side of believing in life after death.

Each type of study has its strengths and weaknesses. A weakness of anonymous surveys is that it's difficult to corroborate people's reports. Thus, they open themselves to the criticism of being "merely anecdotal." Yet, this is the nature of any large survey, such as a Gallup report.

To minimize fraudulent claims, Long used the common technique of wording the same question in different ways (redundancy), to catch inconsistencies. Also, he noted that there was little incentive to make up a story. NDErs receive no money and full names aren't attached, so they're not getting publicity in hopes of landing on talk

shows. The survey is quite extensive, so that it's quite a commitment of time for someone to submit a false report. Still, even with all the safeguards, we can't be 100 percent sure that some fraudulent stories haven't slipped through. In surveys of this nature, researchers assume that the high number of overall responders will protect against the results being significantly skewed.

From the beginning of the book, Long tells his audience that NDEs have convinced him that there's life after death. His unbridled enthusiasm will come across to some as bias or lack of sufficient skepticism. For example, he pretty much accepts each report at face value, accepting that if someone claims they saw something specific while out of body, that this qualifies as evidence. I think his book would have been strengthened by showing more reserve in his evaluation of such testimonies, such as writing,

“If this person's telling the truth, this is marvelous evidence for the afterlife. Since it's similar to reports that prospective researchers such as Sabom corroborated with patient records and eye-witnesses among his colleagues, I have a general trust in such reports.”

The Near-Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study, Dr. Penny Sartori, 2008 - When Sartori heard her first NDE report from a patient, she dismissed it as wishful thinking.(15) It was only later that she found the serious literature on the subject and became intrigued.

Dr. Sartori presents the results of her study of patients in an intensive therapy unit who reported NDEs, so that it's broader than just cardiac patients. She researched under the supervision of two British experts on NDEs – Professor Paul Badham and Dr. Peter Fenwick. It's the UK's first ever long-term prospective study (overwhelmingly Welsh patients). It's thorough – 564 pages and painstakingly documented – covering not only her prospective study, but additionally the history of NDEs (48 pages), a discussion of physiological and psychological explanations (60 pages) and much rumination about implications of the study.

One of her purposes was to investigate “possible physiological or psychological factors that could be the cause of the phenomenon.”(16) In her data analysis she carefully recorded the treatment, including arterial blood gas levels, heart rhythm, drugs, etc. She found .8 percent of all the patients reporting NDEs/OBEs, including 18

percent of cardiac arrest patients.(17)

Sartori shows a thorough mastery of the NDE literature throughout. Her bibliography of almost 500 publications, current up until about 2006, offers a wonderful source to guide further study.

It's helpful, from an evidential standpoint, that she included full interviews in her appendixes, not only of the NDEs, but also hallucinations. Her description of hallucinations from the patients in her study(18) showed the random and bizarre nature of hallucinations, as contrasted with NDEs. She noted, "The patients who had an NDE in addition to hallucinations, or had hallucinated in the past, were able to distinguish between the two experiences."(19) "Interviewing a total sample also reduced the risk of bias and ensured that no experience was overlooked."(20) This kept the "file drawer effect" at bay, whereby researchers are tempted to discount experiences that don't fit their hypotheses and report only the ones that fit.

She was very careful to explore all the possibilities of patients being able to get at the supposed veridical perception from natural means. This made the experiences she deemed compelling all the more powerful.

Note: If the price is outside of your budget, either urge your library to purchase a copy, or borrow it through interlibrary loan.

Irreducible Mind: Toward a Psychology for the 21st Century, Edward F. Kelley, et.al., 2009 - Eben Alexander recommends this book "for those still stuck in the trap of scientific skepticism," praising its "rigorous scientific analysis." At 800 pages, it's thorough. I recommend it because the data that challenges naturalism goes beyond NDEs. This book, by academic heavyweights in the fields of psychology and psychiatry, covers NDEs, but also related phenomena such as mystical states of consciousness, extreme psychophysical influence, the empirical study of the mind-body problem, and memory.

The Light Beyond: New Explorations by the Author of Life after Life, Raymond A. Moody, 1988 - After his research for Life after Life, Moody compiled over a thousand new case histories of people with NDEs. He shares parts of these

stories and gives us his latest thoughts. He brings us up to date (as of 1988) with other academic research, introducing us to the main players. The latter was particularly interesting and valuable to me. It's intriguing and enlightening to see how physicians and researchers get pulled into this field.

Paranormal: My Life in Pursuit of the Afterlife, Raymond A. Moody, 2012 - Moody spent a lifetime studying near-death experiences. In this book he gives his mature reflections from a biographical perspective, which I find fascinating and enlightening. Moody grew up in non-religious household where his father (a surgeon) was a staunch philosophical naturalist and had no patience for talk about the paranormal. Moody's philosophical studies (particularly Socrates) piqued his interest in the afterlife and led him to present his conclusions very tentatively, lest they be shot down later by further research and reflection.

Glimpses of Eternity: Sharing a Loved One's Passage from This Life to the Next, Raymond Moody, with Paul Perry, 2010 - Not all NDEs are private. Often, entire families share the experience, including parts of the life review, with a dying loved one. This experience allows corroboration from several independent sources, which is a significant evidential leap forward from having to trust one individual's personal testimony of an essentially private event. Furthermore, some report seeing deceased relatives that nobody present knew were dead at the time.

Moody collected many such cases through the years and finally put together his thoughts on them in this book. While Moody shares many stories and sometimes tells that he independently verified it with all who were involved, the skeptic side of me would prefer that he tell us in every case how he went about verifying the stories. If he played the role of the detective a bit more, such as Sabom did in his studies, I think he could strengthen his case.

Yet, since research has shown that lying and embellishment don't tend to be a problem in this field, it will be easy for some to pretty much take these stories at face value.

Other Researchers

Many researchers have studied and written extensively about NDEs. Consult my endnotes to find many great books and journal articles. A few others who deserve special mention are neuropsychiatrist Peter Fenwick, Britain's leading clinical authority on NDEs; Pediatrician Melvin Morse, who studied childhood NDEs, Kenneth Ring, Professor Emeritus of Psychology at the University of Connecticut, Bruce Greyson, Professor of Psychiatry at the University of Virginia; and Psychiatrist Elisabeth Kübler-Ross.

A Collection of Recommended Books

The International Association for Near-Death Studies offers a [bibliography of 56 books](#). While not comprehensive, it's especially valuable in that it contains most of the older foundational works. A great place to start!

Journals

The NDE is no stranger to professional literature. The Journal of Near-Death Studies (originally titled Anabiosis), today in its 30th volume (four publications per year comprise each volume), is a peer-reviewed journal dedicated to the study of NDEs. If your local library doesn't carry it, ask your librarian about options with inter-library loan, which is free in our system. I had to go through a local university to get the most recent volumes through its inter library loan as pdfs. Other volumes were available at Georgia Tech.

The editors commit themselves to “an unbiased exploration of these issues and specifically welcome a variety of theoretical perspectives and interpretations that are grounded in empirical observation or research.” I'd recommend any serious researcher to browse every issue.

Other journals with relevant research include Resuscitation, Lancet, Journal of Nervous and Mental Disease, General Hospital Psychiatry, Journal of the American Medical Association, Journal of Scientific Exploration, Omega, Neurology, Brain, Death Studies, and the Journal of Humanistic Psychology.

If you aspire to exhaustive research, consider joining the International Association for Near-Death Studies (currently \$30 for the first year), and receive a [free index to the periodical literature on NDEs](#), from 1877 to 2005. This database of almost 900 scholarly and popular articles, with article summaries, is searchable by 135 NDE topics.

Each journal article typically cites scores of other articles worth perusing. Look particularly for review articles, which sum up the scholarly research on a subject to date.

Helpful Websites

<http://iands.org/home.html> - The International Association for Near-Death Studies offers links to scholarly articles, a collection of free articles, and a newsletter. It recommends over 60 books and is home to the Journal of Near-Death Studies. It's a good place to start for those wanting to follow the serious research, offering free articles on both sides of the debate. It also contains [over 200 NDE accounts](#) that people have submitted to their site.

<http://www.nderf.org> - Site on near-death experiences by radiation oncologist Jeffrey Long. A helpful source for browsing over 3,000 accounts of NDEs that people have posted from around the world.

<http://www.near-death.com/evidence.html> - Scientific Evidence for Survival. Helpful introductions to various personalities, books, and articles on NDEs and related subjects.

<http://www.skeptdic.com/nde.html> - Critiques NDEs from a naturalistic perspective.

http://www.infidels.org/library/modern/keith_augustine/HNDEs.html - Another critique from a naturalistic perspective. Since the writer documents his sources, this is a good place to find articles and passages that can be taken to support naturalistic explanations.

<http://nhnearthdeath.ning.com> - The Near-Death Experience Network is both a resource center and social network for those who've had NDEs. Offers a helpful list of resources on the right column of the home page.

Acknowledgements

I especially want to thank those scholarly researchers and empathetic listeners who dedicated significant portions of their lives to researching, reflecting upon, and publishing about a phenomenon that fifty years ago was typically ignored or attributed to mental illness.

Thanks to those who shared with me their near-death experiences. I withheld most of their names to protect their privacy.

Thanks to the knowledgeable and patient librarians at Kennesaw State University, Georgia Tech, and the Cobb County library system for their help in locating and securing journals and books that weren't available on local shelves or through the university databases.

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Endnotes

Preface

- 1) Michael Sabom, *Light & Death* (Grand Rapids, Michigan: Zondervan Publishing House, 1998), 37-47; 184-190.

Chapter 1

- 1) Todd Burpo, *Heaven is for Real* (Nashville: Thomas Nelson, 2010).

Chapter 2

- 1) Raymond A. Moody, *Life After Life* (New York: Bantam Books, 1975).
- 2) Raymond A. Moody, *Paranormal* (New York: HarperCollins, 2012), 33.
- 3) *Ibid.*, 62.
- 4) *Ibid.*, 56ff. Dr. George Ritchie's experience was quite extensive, dramatic, and definitely worth a read. It significantly impacted his life. His 1978 book about his NDE, *Return from Tomorrow* (Waco, Texas: Chosen Books), is well-written, brief (124 pp.) and compelling.
- 5) *Ibid.*, 64.
- 6) *Ibid.*, 68ff.
- 7) Although Moody popularized NDEs, he was far from the first to study them. Prior to the publication of *Life After Life*, over 25 authors published over 30 articles on NDEs in Western scholarly periodicals. J.M. Holden, J. M., and R. Christian 2005b, *The field of near-death studies through 2001: An analysis of the periodical literature*, *Journal of Near-Death Studies* 24:21-34. Referenced in J.M. Holden, B. Greyson, D. James, 2009, *The Handbook of Near-death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC).
- 8) Pim van Lommel, *Consciousness Beyond Life* (New York: HarperCollins, 2010), viii. See also p. 310 - "That death is the end used to be my own belief."
- 9) *Ibid.*, xiii.
- 10) Pim van Lommel, Ruud van Wees, Vincent Meyers, Ingrid Elfferich, *Near-death experience in survivors of cardiac arrest: a prospective study in the Netherlands*, *Lancet* 358: 2039-2045 (2001).
- 11) *Consciousness Beyond Life*, xii.
- 12) *Ibid.*, 284.
- 13) The Index to NDE Periodical Literature collects these titles (up until 2005) and makes them searchable by 135 NDE-related topics, an invaluable resource for those aspiring to exhaustive research. Find it here: <http://iands.org/research/index-to-nde-literature-1877-2005.html>.
- 14) *The Handbook of Near-Death Studies*, 7.

Chapter 3

- 1) Pim van Lommel, *Consciousness Beyond Life* (New York: HarperCollins, 2010), 9. An Australian telephone survey of 673 people found nine percent claiming to have NDEs. M. Perera, et al., *Prevalence of Near-Death Experiences in Australia*, *Journal of Near-Death Studies*, 24 (2) (2005), 109-115.
- 2) In Sartori's study, all but two of the NDErs "would not have disclosed their experiences had they not been asked." Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2008), 245. Sabom noted that most of his patients were very reluctant to share their NDEs, fearing that people would think they were crazy. "Many had been unable to discuss it with their closest friends or relatives for fear of ridicule...." (Michael B. Sabom, *Recollections of Death* (New York: Harper & Row, 1982), 11,25.
- 3) I took these from the reports in Moody's *Life After Life*, van Lommel's *Consciousness Beyond Life*, and my

personal NDE interviews.

4) *Consciousness Beyond Life*, 63-65, 173; Jeffrey Long, *Evidence of the Afterlife* (New York: HarperOne, 2010), 8, 35, 64, 65.

5) *Consciousness Beyond Life*, 150-153.

Chapter 4

1) Raymond A. Moody, *Life After Life* (New York: Bantam Books, 1975), 153-157.

2) Michael B. Sabom, *Recollections of Death* (New York: Harper & Row, 1982), 151-178.

3) Pim van Lommel, *Consciousness Beyond Life* (New York: HarperCollins, 2010), 105-135.

4) Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2008), 59-120.

5) Chris Carter, *Science and the Near-Death Experience* (Rochester: Inner Traditions, 2010), 5-102. Carter suggests that this is the primary objection and devotes almost 100 pages to discussing it. Atheist Susan Blackmore, ostensibly looking at the data in an unbiased manner, shows her naturalistic colors in her preface when she states: "Of course, this comforting thought [the prospect of eternal life] conflicts with science. Science tells us that death is the end...." *Dying to Live* (London: Prometheus Books, 1993), xi.

6) For extensive discussions of this, see *Science and the Near-death Experience*, 6-102; *Consciousness Beyond Life*, 179-263.

7) Some naturalists tend to lump all such assertions together, dismissing any paranormal claims as akin to beliefs in fairies and elves. To many naturalists, talk of independently existing minds and other worlds seems so absurd that they may refuse to take NDE research seriously. Note the tone of this statement by neurologist Kevin Nelson:

"Under the guise of science, researchers have claimed that near-death and out-of-body experiences 'prove' that mind exists separate from the physical brain. Such a claim is the most extraordinary in all of science, surpassing even the dramatic assertion that other intelligent life exists in the Milky Way, our galaxy." *The Spiritual Doorway in the Brain* (New York: Dutton, 2011), 260. Yet, does his critique of NDE research show a greater commitment to objective science? Not in my view. See my critique of Nelson's book in Appendix #6.

8) *Consciousness Beyond Life*, 273.

9) Carter, 72, quoted from Koestler, *The Roots of Coincidence* (New York: Vintage Books, 1973), 77.

10) Carter, 59, as quoted from *The Roots of Coincidence*, 51. For more on our present understanding of electrons, see quotes by Einstein and others in *Consciousness Beyond Life*, 221. Also see

http://education.jlab.org/qa/history_03.html - on not being able to see electrons. <http://mwolff.tripod.com/see.html> - a helpful visual of the wave structure of an electron. <http://discovermagazine.com/2005/jun/cover> - on how electrons can be in more than one place at once (non-location). "As the photons accumulate on the film, the same old interference pattern of alternating bright and dark stripes gradually appears, defying common sense. In this case, there is only one thing each photon can interact with – itself. The only way this pattern could form is if each photon passes through both slits at once and then interferes with its alternate self. It is as if a moviegoer exited a theater and found that his location on the sidewalk was determined by another version of himself that had left through a different exit and shoved him on the way out." "...quantum theory has never yet failed to predict the outcome of any experiment." http://wiki.answers.com/Q/Can_you_see_an_electron Can you see an electron? "No. It is far, far too small to be 'seen' in any way in which we 'look' at other stuff. Light, which is the medium for seeing things in the normal sense, is too 'large' for the tiny electrons. We see things because the things we are looking at reflect light. The reflected light is what we form images with. Electrons are too tiny to reflect light."

<http://www.preservearticles.com/201012302042/can-we-see-electron.html> "Similarly, we don't see the electrons directly, but in fact, we see their 'foot-prints' – bursts of light on a fluorescent screen, effect on a photographic film, etc. These foot-prints confirm their existence." <http://www.physicsforums.com/showthread.php?t=145501&page=3> - "The electron is not a wave, and the electron is not a particle. The electron is not the current model of wave-particle duality we have today. These models only represent a limited aspect of our perception of electrons with respect to the measurement devices we use. We have no access to knowledge of what the electron really is..." "The electron is thus not perceived in any apparent shape."

http://en.wikipedia.org/wiki/Wave%E2%80%93particle_duality - Helpful article on wave-particle duality.

Read more here: http://wiki.answers.com/Q/Can_you_see_an_electron#ixzz1vDv8At8v.

11) James Jeans, *The Mysterious Universe*, first published in 1930 by Cambridge University Press, reprinted most

recently in 2007 by Kessinger Publishing, 137.

12) Here's a great place to find a collection of naturalistic arguments concerning NDEs, often with documentation: http://www.infidels.org/library/modern/keith_augustine/HNDEs.html

13) Maurice Rawlings, *Beyond Death's Door* (Nashville: Thomas Nelson, 1978), xi,21.

14) This seems to be an important distinction, which is often overlooked. Near-death experiences are near death, not final death. As such, we have no reason to expect that all people should have such an experience if they experience clinical death. Also, we have no reason to think that such an experience represents the final resting place of a person after death.

15) http://www.infidels.org/library/modern/keith_augustine/HNDEs.html#imagery

16) Raymond A. Moody, *The Light Beyond* (New York: Bantam Books, 1988), 22. See also Carter, 210, noting that the relatives seen are almost always deceased.

17) Another form of this argument would be to object, "This is just an example of God of the Gaps!" By this they are saying that science will one day explain it, just as it once explained how storms at sea were caused by weather patterns rather than ocean gods. But regarding explaining NDEs, this appears to be a statement of faith rather than science, for truly objective scientists should hold theories that fit best with our current observations. As I write, the Big Bang Theory is held by the overwhelming scientific population. Why? Because it's the best theory to account for several key observations over the last century. Of course, a scientist could say, "I don't believe in the Big Bang. I believe that future observations will lead to a better theory." But if there's no evidence for this, then it's a faith statement rather than a scientific statement, a prime example of an observation that Einstein once made of fellow scientists: they're typically poor philosophers.

Sure, the evidence for an afterlife through NDEs may be overturned by later studies, but at the present, the evidence weighs in for an afterlife. "But the overwhelming progress of science teaches me to wait for a naturalistic explanation!" some object. So what you're saying is, "Science has explained a lot of things naturalistically. Therefore, if science continues to move forward, everything will one day be found to have a naturalistic explanation." But that's quite a logical and evidential leap. Isn't that precisely the attitude that's hindered scientific progress over the centuries? Rather than taking seriously the observations that pose a problem with the old paradigm, we assume that later experiments will prove the old paradigm to be true. This was well argued by Thomas Kuhn in *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1996). Rather than trying to keep fitting odd pieces (anomalies) into our comfortable paradigms, we should occasionally step back and see if all the pieces make more sense in a new paradigm.

18) According to Keith Augustine, "In fact, most NDE reports are provided to researchers years after the experience itself. Ultimately, all we have to go on is after-the-fact reports of private experiences. The constant reconstruction of memory makes it difficult to know just what NDErs have actually experienced." http://www.infidels.org/library/modern/keith_augustine/HNDEs.html

19) Rawlings' first exposure to an NDE came from a patient with cardiac arrest whose heart kept stopping after each resuscitation. The patient told Rawlings, each time he regained consciousness, what he was experiencing. (Rawlings, 17-22) Prospective studies typically interviewed patients while they were still in the hospital. In Sartori's study, some of her patients reported their NDEs immediately after regaining consciousness. (Sartori, 260-264) Sabom interviewed those in his prospective study "as soon after the event as possible." (*Recollections of Death*, 11)

20) Bruce Greyson tested the theory of embellishment by interviewing 72 NDErs 20 years after their initial interviews. "Contrary to expectation, accounts of near-death experiences...were not embellished over a period of almost two decades. These data support the reliability of near-death experience accounts." B. Greyson, Consistency of near-death experience accounts over two decades: Are reports embellished over time? *Resuscitation* 73:407-11 (2007). M.L. Morse concludes, "Unlike ordinary memories or dreams, NDEs do not seem to be rearranged or altered over time." Near-death experiences of children, *Journal of Pediatric Oncology Nursing* 11:139(1994).

21) According to Keith Augustine, "the study of NDEs tends to attract researchers who already believe that NDEs provide evidence for survival. NDEs seem to be a natural lure to survivalists, since they offer the prospect, at least, of bolstering such researchers' belief in survival after death and of offering them hints about what exactly is going to happen to them when they die. Thus it is hardly a revelation that many of the researchers investigating the phenomenon are confident that NDEs point toward the reality of survival of bodily death."

http://www.infidels.org/library/modern/keith_augustine/HNDEs.html I found no evidence for this statement in the

NDE researchers I studied. In fact, I found quite the opposite.

22) *Consciousness Beyond Life*, 310.

23) *Beyond Death's Door*, 17, back flap.

24) *Recollections of Death*, 157.

25) *Ibid.*, 156.

26) *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 6.

27) Bruce Greyson, "Commentary on 'Psychophysical and Cultural Correlates Undermining a Survivalist Interpretation of Near-Death Experiences,'" 140. Cited in *Science and the Near-Death Experience*, 200.

28) According to Keith Augustine, "Background knowledge also surely plays a role. Personal experience and media portrayals make it easy for us to imagine what a hospital scene should look like (Rodabough 109). Even specific details about people are fairly predictable in a hospital setting."

http://www.infidels.org/library/modern/keith_augustine/HNDEs.html

29) *Science and the Near-Death Experience*, 219, 220.

30) *Recollections of Death*, 83ff.

31) "A priori expectations, where the individual makes sense of the situation by believing they will experience the archetypal near-death experience package, may also play a crucial role." Dean Mobbs and Caroline Watt, *There is Nothing Paranormal about Near-Death Experiences*, *Trends in Cognitive Sciences*, Vol. 15, Issue 10, 447-449 (2011).

32) *Consciousness Beyond Life*, 149. "This is borne out by Greyson's study, in which the subjective data of resuscitated patients show that most of them did not even realize that they had had a cardiac arrest. The situation is comparable to fainting. When people regain consciousness after fainting they have no idea what happened."

33) Elisabeth Kübler-Ross found that when people are confronted with a terminal prognosis, their first stage typically involves denial. *On Death and Dying* (New York, Simon & Schuster, 1969), 51ff.

34) Another example of the unexpected is that, in one-third of the cases where people encounter the deceased, "the deceased person was either someone with whom the experience had a distant or even poor relationship or someone whom the experiencer had never met." Greyson, Kelly and Kelly, *The Handbook of Near-Death Experiences*, (Westport, Connecticut: Praeger Publishers, 2009), 231.

35) Greyson, Kelly and Kelly, *The Handbook of Near-Death Experiences*, (Westport, Connecticut: Praeger Publishers, 2009), 215.

36) In Exhibit #3 I go much deeper into how NDEs typically differ from our cultural expectations. Appendix #1 discusses the common elements throughout cross-cultural studies of NDEs. Moody's observations confirm this. *Life After Life*, 59.

37) *The Handbook of Near-Death Experiences*, 115-120. Janice Miner Holden, Ed.D., Jeffrey Long, M.D., and B. Jason MacLurg, M.D. review the literature on these potential variables and conclude that they make no statistically significant difference. They conclude, "For now, the best answer to the question, 'Who has NDEs, how often, what kind, and with what aftereffects?' is probably that NDEs appear, for the most part, to be equal opportunity transpersonal experiences." "...research has not yet revealed a characteristic that either guarantees or prohibits the occurrence, incidence, nature, or aftereffects of an NDE. Perhaps the conclusion of research so far – that everyone is a potential NDEr – is the most mysterious, provocative, and important message for readers to take away." *The Handbook of Near-Death Experiences*, 133.

38) *Science and the Near-Death Experience*, 172-176; *Consciousness Beyond Life*, 116.

39) People have often made grandiose claims that there's a "striking similarity" [Juan Saavedra-Aguilar and Juan Gomez-Jeria, *A Neurobiological Model for Near-Death Experiences*. *Journal of Near-Death Studies* 7:205-222 (1989), 209, 217] and "vast clinical and surgical literature" [Michael Persinger, "Modern Neuroscience and Near-Death Experiences: Expectancies and Implications. Comments on 'A Neurobiological Model for Near-Death Experiences.'" *Journal of Near-Death Studies* 7:233-39 (1989), 234] demonstrating the similarity of NDEs and the experiences of those with, for example, temporal lobe epilepsy, electrical stimulation of the temporal lobe, and transcranial magnetic stimulation. Yet, Persinger (1989) gave only one reference for his claim – a paper by Janice Stevens [Sleep is for Seizures: A New Interpretation of the Role of Phasic Events in Sleep and Wakefulness, in M.B. Sternman, M.N. Shouse, and P. Passoult (Eds.), *Sleep and Epilepsy* (New York: Academic Press, 1982), 249-64 (1982)], who made no reference to the supposed vast literature. Concerning his claims to have replicated "all of the major components of the NDE" (Persinger 1989, 234) with transcranial magnetic stimulation, the actual

experiences that were even close were very vague, such as “I experienced thoughts from childhood.” [Michael Persinger, *Near-Death Experiences and Ecstasy: A Product of the Organization of the Human Brain?* In S. Della Sala (Ed.), *Mind Myths: Exploring Popular Assumptions about the Mind and Brain*, (Chichester, England: John Wiley, 1999), 85-99.] Researchers tried to replicate Persinger’s experiments using his own equipment, but failed, concluding “Suggestibility may account for previously reported effects” [P. Granqvist et al., “Sensed Presence and Mystical Experiences are Predicted by Suggestibility, Not by the Application of Transcranial Weak Complex Magnetic Fields.” *Neuroscience Letters*, 379:1-6 (2005),1; see also M. Larsson et al., Reply to M.A. Persinger and S.A. Koren’s Response to Granqvist et al., *Neuroscience Letters*, 380:348-50 (2005)]. For a more comprehensive look at these claims and rebuttals, see *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 87-95 and *The Handbook of Near-Death Experiences*, 219,220.

40) P. Fenwick 1997, “Is the Near-Death Experience N-methyl-D-aspartate Blocking?” *Journal of Near-Death Studies* 16:43-53; *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 86.

41) *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 91. Also noted and discussed in *Light & Death*, 181; Ernst Rodin, Comments on ‘A Neurobiological Model for Near-Death Experiences, *Journal of Near-Death Studies* 7/4 255-259 (Summer, 1989).

42) For example, see Dean Mobbs and Caroline Watt, There is Nothing Paranormal about Near-Death Experiences, *Trends in Cognitive Sciences*, Vol. 15, Issue 10, 447-449, 18 August 2011.

43) See B. Greyson, E.W. Kelly, E.F. Kelly, Explanatory Models for Near-Death Experiences, in *The Handbook of Near-Death Experiences*, 217.

44) Sartori has an especially good discussion of both hypoxia and anoxia in *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 59-68.

45) *Life After Life*, 163.

46) See *Consciousness Beyond Life*, 115, *Science and the Near-Death Experience*, 167. In *The Handbook of Near-Death Experiences*, 115-133, Janice Miner Holden, Jeffrey Long, and B. Jason MacLurg review the literature on these potential variables and conclude that they make no statistically significant difference.

47) *Science and the Near-Death Experience*, 162-168; *Consciousness Beyond Life*, 114-116; 144-148. In two of Sartori’s cases, blood was taken “at the precise time of the NDE or OBE.” “Both patients were receiving oxygen therapy continuously and their levels of oxygen were normal during the time of their experiences.” “Neither set of results support the anoxia or hypercarbia theories” (Sartori, 280). Sabom also had a case where his patient reported seeing, from outside his body, a needle being inserted into his groin. This was done for a blood gas analysis, which showed his oxygen level to be above normal and his carbon dioxide level lower than normal, the opposite of what you’d expect if NDEs were due to hypercarbia or anoxia. (*Recollections of Death*, 178)

48) Maurice Rawlings, *Beyond Death’s Door* (Nashville: Thomas Nelson Inc., 1978), xii.

49) *Science and the Near-Death Experience*, 164ff., *Consciousness Beyond Life*, 146-148.

50) *Science and the Near-Death Experience*, 168.

51) Sabom argues this regarding experiments inducing hypercarbia. “Were these experiences which were reported by Meduna’s patients and which resembled the NDE caused by the high levels of carbon dioxide per se or were they due to some other mechanism associated with the patient’s CO₂-induced near-death condition?” *Recollections of Death*, 178.

52) *The Handbook of Near-Death Experiences*, 225. Bruce Greyson is Professor of Psychiatry and Neurobehavioral Sciences at the University of Virginia Medical School and has authored over 100 publications in peer-reviewed medical journals. He has been prominent in near-death studies for decades. Edward Kelly is research professor in the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia. Emily Williams Kelly is research assistant professor in the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia.

Another strong point against physiological explanations is that each of them confuses and disorients the mind rather than heightens its activities. According to Parnia and Fenwick, “Any acute alteration in cerebral physiology such as occurring in hypoxia, hypercarbia, metabolic, and drug induced disturbances and seizures leads to disorganized and compromised cerebral function ... [and] impaired attention,” whereas “NDEs in cardiac arrest are clearly not confusional and in fact indicate heightened awareness, attention and consciousness at a time when consciousness and memory formation would not be expected to occur.” S. Parnia, P. Fenwick. *Near-death experiences in cardiac arrest: Visions of a dying brain or visions of a new science of consciousness? Resuscitation*

52:8 (2002). Found in *The Handbook of Near-Death Experiences*, 228.

53) *Science and the Near-Death Experience*, 160,161; *The Handbook of Near-Death Experiences*, 218,219.

54) Sartori (*The Near-Death Experiences of Hospitalized Intensive Care Patients*) kept careful records of drugs given to both patients with and without NDEs. Of those who experienced NDEs, 26.7% were given no sedatives and 66.7% weren't given painkillers.(235) Only 6.67% of the NDErs were given both painkilling and sedative drugs. "If drugs were the cause of the NDE then a higher percentage would be expected."(235) A large percentage of her total sample (including those who experienced NDEs and those who didn't) was given painkilling, sedative drugs or had a general anesthetic. "Less than 1% of this sample reported a NDE...." (232, 281) After noting that almost all of her patients who had hallucinations (as opposed to NDEs) had been given painkilling and sedative drugs (only one had a hallucination without being given drugs, but this one suffered from severe sleep deprivation)(237), Sartori concluded, "This strengthens the argument that drugs contribute to confusional experiences as opposed to causing clear, precise reports of NDEs."(237) "...drugs inhibit the NDE, or the recall of it, as opposed to causing it; this is acknowledged by Blackmore (1993, 40-41) and Greyson and Stevenson (1980)." "In some of the most vivid NDEs no drugs were administered at the time of the experience."(Sartori, 281)

55) G.O. Gabbard, and S.W. Twemlow, *With the Eyes of the Mind: An Empirical Analysis of Out-of-Body States* (New York: Praeger, 1984); B. Greyson, Near-death experiences precipitated by suicide attempt: Lack of influence of psychopathology, religion, and expectations. *Journal of Near-Death Studies* 9:183-188; H. J. Irwin, *Flight of mind: A Psychological Study of the Out-of-Body Experience* (Metuchen, NJ: Scarecrow Press, 1985). T.P. Lock, and F.C. Shontz, Personality correlates of the near-death experience: A preliminary study. *Journal of the American Society for Psychical Research* 77:311-18 (1983); K. Ring, 1980. *Life at Death: A Scientific Investigation of the Near-Death Experience*, (New York: Coward, McCann & Geoghegan, 1980). See also *Recollections of Death and The Handbook of Near-Death Experiences*, 216.

56) Dr. Sabom rejects the possibility of both conscious and unconscious fabrication for several reasons. First, he corroborated stories with family members, medical personnel, and medical records. He also noted that most of the patients weren't acquainted with NDEs, and the few who were familiar often pointed out how theirs differed from the ones they'd heard about. They were also very reluctant to share, since there wasn't an upside to their telling their stories. The downside was they feared being referred to a psychiatrist. Finally, there's much evidence of long-term life changes associated with NDEs. Why would a fabricated story radically change a life? *Recollections of Death*, 156-160.

57) Janice Miner Holden, Jeffrey Long, B. Jason MacLurg, *Characteristics of Western Near-Death Experiences*, in *The Handbook of Near-Death Experiences*, 133.

58) *The Handbook of Near-Death Experiences*, 232.

59) Sartori reviewed the literature very well in her 60 page discussion of naturalistic explanations (*The Near-Death Experiences of Hospitalized Intensive Care Patients*, 59-119). She concluded, "Despite the many reductionist arguments, the NDE remains unexplained in such terms." Pim van Lommel's review of the literature on naturalistic explanations also concluded that naturalistic explanations had failed. (*Consciousness Beyond Life*, 105-135) Note other literature reviews in *The Handbook of Near-Death Experiences*, and *Light & Death*, 175-191.

60) The author of this study demonstrated no knowledge of the extensive literature in peer reviewed journals on this subject. If he didn't want to take the time to examine these studies himself, he should have at least referred to the summaries of studies found in *The Handbook of Near-Death Experiences*, *The Near-Death Experiences of Hospitalized Intensive Care Patients*, *Consciousness Beyond Life*, and *Science and the Near-Death Experience*.

Here's the article: <http://www.scientificamerican.com/article.cfm?id=peace-of-mind-near-death>

Other critiques of near-death studies often show the same lack of familiarity with the scholarly NDE literature. See, for example, the 1989 textbook by Michael C. Kearl, *Endings: A Sociology of Death and Dying*, (New York: Oxford University Press, 1989), 493-496. This 500+ page textbook on the subject of dying dedicates only four pages to near-death experiences, referencing only Moody and Kübler-Ross and concluding that it's all a matter of faith. This is a horrific oversight, seeing that *The Journal of Near-Death Studies* (formerly *Anabiosis*) had started its bi-yearly, peer reviewed publication in 1981 and many studies had been done before this text was written, including Sabom's prospective study in book form by 1982.

Chapter 5

- 1) Raymond A. Moody, *Life After Life* (New York: Bantam Books, 1975), 99.
- 2) Pim van Lommel, *Consciousness Beyond Life* (New York: HarperCollins, 2010), 21.
- 3) “Hornell Hart (1954) analyzed 288 published OBE cases in which persons reported perceiving events that they could not have perceived in the ordinary way. In 99 of these cases, the events in question had been verified as having occurred, and the experience had been reported to someone else before that verification occurred.” J.M. Holden, B. Greyson, D. James, 2009, *The Handbook of Near-Death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC), 223.
H. Hart, ESP projection: Spontaneous cases and the experimental method. *Journal of the American Society for Psychical Research*, 1954, 48:121-46); *The Handbook of Near-death Experiences* also mentions E.W. Cook, B. Greyson, and I. Stevenson, Do any near-death experiences provide evidence for the survival of human personality after death? Relevant features and illustrative case reports. *Journal of Scientific Exploration*, 1988, 12:377-406; E.W. Kelly, B. Greyson, I Stevenson, 1999-2000. Can experiences near-death furnish evidence of life after death? *Omega*, 1999-2000, 40:513-19.
- 4) For example, see *Life After Life* (28,98,99,100); *Consciousness Beyond Life* (19ff.,38,173-178,298); Chris Carter, *Science and the Near-Death Experience* (Rochester: Inner Traditions, 2010), 119, 120,219,265-267,156,171,216; Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2008), 267-274, 297-301. Michael Sabom [*Recollections of Death* (New York: Harper & Row, 1982), 27] found 32 of his patients having veridical experiences. He did an especially good job of corroborating reports with medical records, nurses, doctors, and family members.
- 5) Several of these instances have been mentioned in the NDE studies I read. Sartori mentions and documents deathbed visions where people “report meeting relatives or friends who they did not know to be deceased at the time they saw them.”
- 6) Ring addresses NDEs with corroboration in *The Handbook of Near-death Experiences*, p. 231, referencing K. Clark, in B. Greyson and C.P. Flynn, Eds., *The Near-Death Experience: Problems, Prospects, Perspectives* (Springfield, Illinois: Charles C. Thomas, 1984) 242-55; Ring and Lawrence “Further Evidence for Veridical Perception During Near-Death Experiences,” *Journal of Near-Death Studies* 11:223-29, (1993); Sartori, Badham, and Fenwick, “A Prospectively Studied Near-Death Experience with Corroborated Out-of-Body Perceptions and Unexplained Healing, *Journal of Near-Death Studies* 25:69-84 (2006). Sartori notes that “NDErs have also reported discovering solutions to problems or possessing knowledge previously unknown following the NDE,” citing K. Ring, *Heading Toward Omega: In Search of the Meaning of the Near-Death Experience* (New York: William Morrow, 1984), 165-92.
- 7) Susan Blackmore suggests that a part of these claims can be attributed to guessing. *Dying to Live* (Buffalo, NY: Prometheus Books, 1993), 115.
- 8) “Perhaps they’re just good guesses” some will say. But several studies (such as Sartori’s and Sabom’s prospective studies) tested this with control groups who did not have NDEs. In van Lommel’s research, among his NDErs, “92 percent were completely accurate, 6 percent contained some error and only 1% were completely erroneous.” (*Consciousness Beyond Life*, 20)
- 9) Penny Sartori, *The Near Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study*, (New York: The Edwin Mellen Press, 2008) 212-215. She concluded, “...this research has demonstrated that those who reported OBEs gave more accurate descriptions of events and equipment used than those who were resuscitated, but did not report a NDE/OBE. This lends further support to the possibility of consciousness existing apart from the brain.”(273,274) See also P. Sartori, P. Badham, and P. Fenwick, *A Prospectively Studied Near-Death Experience with Corroborated Out-of-Body Perceptions and Unexplained Healing, Journal of Near-Death Studies* 25:69-84, (2006), 3. Cardiologist Michael Sabom also tested the hypothesis that out of body “observations” were merely retrospective reconstructions. Twenty-five of his cardiac patients who did not have NDEs were asked to guess about what happened in their procedures. Eighty percent made at least one major error. Furthermore, Sabom noted that among the patients who reported veridical perception, that their observations were often specific for their particular resuscitation and would not have accurately described the resuscitation of another one of his patients. Example: one reported seeing doctors give him a “shot in the groin,” which was accurate for his procedure, but wasn’t done in other cases where patients reported veridical perception (*Recollections of Death*, 83-87,113,114).

10) Michael Sabom, *Light & Death* (Grand Rapids: Zondervan, 1998), 12.

11) *Consciousness Beyond Life*, 19, 158. As Greyson, Kelly and Kelly put it in their review of explanatory models, “The real challenge of explanatory models of NDEs lies in examining how complex consciousness, including thinking, sensory perception, and memory, can occur under conditions in which current physiological models of mind deem it impossible (*The Handbook of Near-death Experiences*, 234).

12) *Consciousness Beyond Life*, 161-204. Note this reprise article by Worlee against van Lommel - <http://www.neardeath.woerlee.org/setting-the-record-straight.php>.

13) R.H. Sandin, et al., Awareness during Anaesthesia: A Prospective Case Study, *The Lancet*, Volume: 355 Issue: 9205 pp. 707-711 (Feb. 26, 2000).

14) Ibid.

15) “Unresponsiveness is thought to almost universally occur at the time of cardiac arrest, as a consequence of a precipitous drop in cerebral perfusion. The first action that Basic Life Support (BLS) and Advanced Life Support (ALS) trainees are taught to perform is to check for unresponsiveness. It is theoretically possible, however, to maintain awareness following cardiac arrest if cerebral perfusion is maintained by the use of highly effective chest compressions and in the presence of adequate oxygenation. Reports of such retained awareness during cardiac arrest in the literature are sparse.” Shailesh Bihari and Venkatakrishna Rajajee, *Neurocritical Care*, Prolonged Retention of Awareness During Cardiopulmonary Resuscitation for Asystolic Cardiac Arrest [Neurocritical Care](#), Volume 9, Number 3, Pages 382-386 (2008).

16) Pim van Lommel, *Setting the Record Straight: Correcting Two Recent Cases of Materialist Misrepresentation of My Research and Conclusions*, *Journal of Near-Death Studies*, 30(2), 107-119, Winter 2011. When a patient’s EEG (measuring brain activity) has been monitored during cardiac arrest, it flat-lines after an average of 15 seconds (113). Thus, “it seems rational to assume that all 562 survivors of cardiac arrest in several recently published prospective studies on NDE should have had a flat EEG, because no patient had been resuscitated within 20 seconds of cardiac arrest onset.” Now it’s true that a flat-line EEG doesn’t rule out any brain activity whatsoever. Some kind of electrical activity that an EEG can’t register may continue somewhere deep within the brain. Yet, consciousness can be maintained only when large portions of the brain (e.g., the brainstem, cerebral cortex, hippocampus and thalamus) are functioning properly and working together. Since the EEG shows primarily electrical activity in the cortex, a flatline EEG indicates an unconscious state. “The issue is not whether there is any non-measurable brain activity of any kind whatsoever but whether there is measurable brain activity of the specific form, and in different neural networks, as regarded by contemporary neuroscience to be the necessary condition of conscious experience. And it has been proven in several studies in patients with induced cardiac arrest that there was no such measurable and specific brain activity during cardiac arrest.” (115) Neither does such unified brain activity occur during deep sleep or successful anesthesia (116). A publication by the National Institutes of Health (2010) puts loss of consciousness during cardiac arrest at 10 seconds

<http://www.nlm.nih.gov/medlineplus/tutorials/heartattack/ct139105.pdf> (p. 7). According to Dr. Sam Parnia, “an alternative explanation is that the experiences reported from cardiac arrest, may actually be arising at a time when consciousness is either being lost, or regained, rather than from the actual cardiac arrest period itself. Any cerebral insult leads to a period of both anterograde and retrograde amnesia. In fact memory is a very sensitive indicator of brain injury and the length of amnesia before and after unconsciousness is a way of determining the severity of the injury. Therefore, events that occur just prior to or just after the loss of consciousness would not be expected to be recalled. (Do Reports of Consciousness during Cardiac Arrest Hold the Key to Discovering the Nature of Consciousness? *Medical Hypotheses* 69(4):933-937)

17) Greyson, Kelly and Kelly (*The Handbook of Near-Death Experiences*) have a particularly good discussion of the hypothesis that NDEs occur as the brain shuts down or as brain function returns, on pp. 229-231 of their chapter, *Explanatory Models for Near-Death Experiences*. In brief, patients’ memories from just prior to loss of consciousness or just after regaining consciousness are either completely absent or confused. (M.J. Aminoff, et al., 1988. *Electrocerebral accompaniments of syncope associated with malignant ventricular arrhythmias*. *Annals of Internal Medicine* 108:791-96 (1988); S. Parnia, and P. Fenwick, 2002. *Near death experiences in cardiac arrest: Visions of a dying brain or visions of a new science of consciousness? Resuscitation* 52:5-11. See also *The Handbook of Near-Death Experiences*, 230.)

While partial awakening has been reported in 0.1 to 0.3 percent of general surgeries, the experiences are “generally extremely unpleasant, frightening, and painful and not visual – extremely different from NDEs. (The

Handbook of Near-death Experiences, 230) Yet, the patient reported that, during her NDE, her vision “was brighter and more focused and clearer than normal vision” and that her hearing “was a clearer hearing than with my ears.” (Light & Death, 44) Sartori dismisses the suggestion that blood flow during CPR gives the brain enough blood to sustain partial consciousness. (The Near Death Experiences of Hospitalized Intensive Care Patients, 68,69) Sartori later has an extended, documented discussion on “When did the NDE/OBE occur?” (260-264). She concludes, “This research confirms Fenwick’s point; it appears that consciousness can exist independently of a functioning brain.” (264)

18) This remarkable NDE was originally published in Light and Death, 37-47; 184-190. It was discussed further in van Lommel, 173-178; see also The Handbook of Near-death Experiences, 191-193, where Holden examines the criticisms of this NDE by Augustine and finds them wanting. Augustine holds that since 2 out of 1000 patients experience some type of awareness during anesthesia, that she could have overheard some of the conversations. But those rare cases are typically explained by someone being under-anesthetized. In this case, her anesthesia was deep and closely monitored in three different ways. Also, the constant, loud clicking in the molded ear plugs would rule out anything being heard, whereas the eye coverings would keep her from seeing anything. Augustine maintains that she consolidated a coherent memory over a period of three years by things she learned over time. But van Lommel and others found that people’s NDE stories stayed consistent from the first report in the hospital setting to years later when followed-up upon. There’s no tendency toward embellishment. While other challenges have been forwarded against this case, in my opinion, they always fall short. For a good back and forth debate on this case, see G.M. Woerlee, Could Pam Reynolds Hear? A New Investigation into the Possibility of Hearing during this Famous Near-Death Experience. Journal of Near-Death Studies, 30: 3-25 (2011), and responses by Hameroff and Carter in the same journal.

19) Vivid consciousness should not occur during general anesthesia or cardiac arrest, since the mind is quickly and severely impaired. For example, cardiac arrest causes instantaneous circulatory arrest, so that blood flow to the brain ceases. Even if certain low-level brain activity could remain, it isn’t sufficient for conscious experience. Yet, “in five published studies alone, more than 100 cases of NDEs occurring under conditions of cardiac arrest have been reported” (The Handbook of Near-death Experiences, p. 227.) According to Sam Parnia and Peter Fenwick [Near-Death Experiences in Cardiac Arrest, Resuscitation 52:5-11 (2002)], “...NDEs in cardiac arrest are clearly not confusional and in fact indicate heightened awareness, attention and consciousness at a time when consciousness and memory formation would not be expected to occur.” According to Greyson, Kelly and Kelly, “An analysis of 520 cases in our collection showed that 80 percent of experiencers described their thinking during the NDE as ‘clearer than usual’ or ‘as clear as usual.’ Furthermore, in our collection, people reported enhanced mental functioning significantly more often when they were actually physiologically close to death than when they were not” (The Handbook of Near-death Experiences, p. 229). The 11-year-old I interviewed told me very specifically the colors of the flowers he saw in his NDE and even what colors he didn’t see in his NDE. It was a very vivid experience, with a very vivid, intact memory. It appeared from my conversation that he could retrieve the scenes from his NDE and review them at will, although when he experienced them he had stopped breathing and lay unconscious under a pile of snow. Nelson (The Spiritual Doorway to the Brain) argues, “The characteristics of near-death experiences measured by the Greyson scale...combine to tell us that wide expanses of the brain are engaged during these experiences.” (p. 117) Yet, such “wide expanses” should be picked up easily on an EEG. According to Nelson, the brain is “alive and conscious” during NDEs.” (132) See also p. 214 – he believes that “part of the dreaming brain erupts in a brain already awake,” creating “experiences that are realistic and memorable.” Yet, this again seems to require a fully functioning brain, which is clearly contraindicated in cardiac arrests and general anesthesia.

20) According to Sabom, unlike dreams, “The NDE...is perceived as stark reality both during the experience and later in reflection. In addition, the extreme variability of dream content from person to person and from night to night contrasts with the consistency of events in the NDE. It is thus unlikely that the NDE can be explained as being a dream” (Recollections of Death, 166). Let’s imagine that I’m feeling jittery and take a Valium to relax me. In about an hour I’m feeling very relaxed and fall asleep on my couch. Now it’s quite possible that, going to sleep in such a relaxed state, I might have a dream that features relaxation as I picture it, such as reading a book on a porch in a mountain chalet or building a sandcastle on a beach. What we don’t hear is that everyone who takes Valium has extremely similar dreams with one or more of 15 common elements.

Example: We don’t find reports that 90% of the people taking Valium have dreams that begin with lying

on rafts in a swimming pool, chatting with their best friends who are also on rafts, followed by a walk to an ice cream shop where they sip a milkshake and talk to the proprietor about relaxing life events. Then they walk toward the restroom and find themselves transported to a mountain chalet, where they choose a book from a seemingly endless bookshelf and sit on a porch overlooking a trout stream. Instead, the variety of dreams produced in a relaxed state could be seemingly endless.

21) Life After Life, 21. Dr. Sartori's patients were from the UK, almost entirely Welsh. She reported, "The NDE reports from this sample were consistent with other Western accounts of NDEs documented in the literature. There were no features culture specific to a Welsh population." Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2008), 225.

22) Maurice Rawlings, *Beyond Death's Door* (New York: Thomas Nelson, 1978), xiii.

23) *Consciousness Beyond Life*, 143. Among Dr. Sartori's patients who had deep NDEs, "...none of the patients claimed to be familiar with NDEs prior to their hospital admissions" (Sartori, 266).

24) *Consciousness Beyond Life*, xii.

25) *Life After Life*, 175.

26) See, for example, *Recollections of Death*, 116,162. One person would suddenly lose consciousness mid-sentence. Another was hit from behind by a car.

27) *Consciousness Beyond Life*, 147. Sabom's study concluded, "A person's age, sex, race, area of residence, size of home community, years of education, occupation, religious background, or frequency of church attendance did not seem to affect whether he or she would or would not encounter an NDE during a near-death crisis event. Moreover, knowledge of the NDE prior to the near-death crisis event did not appear to predispose the person subsequently to report an NDE following a crisis event." (*Recollections of Death*, 57,61)

28) *Consciousness Beyond Life*, 147.

29) Sartori discounts wishful thinking as a cause by citing seven patients who explicitly spoke of being surprised by the content of their NDEs. *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 215,216, 274,275.

30) *Consciousness Beyond Life*, 19.

31) *Life After Life*, 105. One NDEr in Sartori's study reported seeing someone who might have been Jesus, but he didn't expect Jesus to look that way at all. "I don't know who he was; he might have been Jesus for all I know but that's not what I'd expect Jesus to look like, his hair was scruffy and needed a good combing! His eyes were piercing and bright, it's as if I was drawn to look at his eyes." *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 192. See also *Science and the Near-Death Experience*, 111,115,117,105,107,124,264,219.

32) *Life After Life*, 77-84.

33) Jeffrey Long, *Evidence of the Afterlife* (New York: HarperOne, 2010), 17.

34) *Recollections of Death*, 50. For details of conversations on the other side and how they each had closure, see 210,211; also *Light & Death*, 23,67,68,111,112,114.

35) <http://www.nderf.org>.

36) Ibid.

37) See, for example, *Consciousness Beyond Life*, 71-79.

38) Melvin Morse, *Closer to the Light* (New York: Villard Books, 1990), 3-21.

39) M. Morse, (1983). A near-death experience in a 7-year-old child. *American Journal of Diseases of Children* (1960), 137(10), 959-961.

40) *Closer to the Light*, 18-21.

41) Melvin Morse, writing in *The Light Beyond*, Raymond Moody (New York: A Bantam Book, 1988), 108.

42) M. Morse, D. Conner, D., D. Tyler, D. (1985). Near-death experiences in a pediatric population. A preliminary report. *American Journal of Diseases of Children* (1960), 139(6), 595-600; M. Morse, P. Castillo, D. Venecia, et al. "Childhood Near-Death Experiences." *American Journal of Diseases of Children* 140 (1986): 1110-1113; *Closer to the Light*, Melvin Morse and Paul Perry, 1990, Villard Books, NY, 1990.

43) Serdahely “concluded that adult retrospective accounts were indistinguishable from contemporary pediatric NDEs” (W.J. Serdahely, 1991). A comparison of retrospective accounts of childhood death experiences with contemporary pediatric near-death experience accounts. *Journal of Near-Death Studies* 9:223. “In terms of NDE content, even though every experience is unique, the NDEs of children and teens follow a consistent pattern that appears to be little different from the pattern experienced by adults.... Neither do children’s experiences appear to be affected by cause of near-death crisis, age, gender, religiosity, or any other demographic variable. One distinction appears to be that children are almost always accompanied into the light” (*The Handbook of Near-Death Experiences*, 92,105).

44) According to Richard Bonenfant, “Children’s accounts are often informative simply because they report exactly what they see without great concern over the rational interpretation of their observations.” R.J. Bonenfant, *A Child’s Encounter with the Devil*, *Journal of Near-Death Studies* 20:95(2001). From *The Handbook of Near-Death Experiences*, 91.

45) *Consciousness Beyond Life*, 75,76.

46) *Ibid.*, 72.

47) *Science and the Near-Death Experience*, 254-268.

48) *Ibid.*, 254, 255. Another line of evidence could be exploring NDEs in which a person is surprised to encounter a person on the other side that he didn’t know had died. Bruce Greyson cites 29 cases in his article, “Seeing Dead People Not Known to Have Died: ‘Peak in Darien’ Experiences,” *Anthropology and Humanism*, Vol. 35, Issue 2, pp. 159–171, (2010). Greyson also notes, “In our collection of 665 NDEs, 138 (21 percent) included a purported encounter with a deceased person, whereas only 25 (four percent) included a purported encounter with a living person.” To use these as evidence for the afterlife, it seems we’d need to discover what percentage of NDEs include an encounter with a person not known to have died. If the amount is smaller than four percent, then couldn’t the people not known to have died be merely a subset of those living persons who were seen?

49) *Science and the Near-Death Experience*, 257.

50) *Ibid.*, 256.

51) *Ibid.*, 258.

52) Deathbed visions may also serve as a sort of evidential bridge from near-death experiences to final-death experiences. Some researchers note that since NDEs are by definition experienced by people who don’t remain finally dead after their experience, that we must make the unwarranted assumption that at a person’s final death they’ll experience some of the same features as the NDE. Of course, the only way to know this with 100% certainty would be to experience final death ourselves, but the deathbed vision would give us an indication from those who are at the point of entering their final death state.

53) See especially Raymond A. Moody, *Glimpses of Eternity* (New York: Guideposts, 2010).

54) *Ibid.*, 13,14.

55) *Glimpses of Eternity*, 77,80,81.

56) From personal interview with Bucky.

57) *Life After Life*, 5,6.

58) *Consciousness Beyond Life*, vi.

59) *Beyond Death’s Door*, xii, xiii.

60) *Consciousness Beyond Life*, 310. Why would they lie? Put yourself in their place. Having just gone through such a trauma, they’re obviously afraid that sharing such a wild experience will cause people to think they’ve gone a bit whacko. No wonder they’re very hesitant to share. One of the men I interviewed shared his NDE with his wife, but even though his surgeon was a Christian, he didn’t tell him. Although he works with a men’s ministry in a church, he’s reluctant to tell people there. He’s not sure why he’s so reluctant – he simply is. But all this hesitation to share argues strongly against someone making it up to get attention.

This is very different from a TV evangelist telling about his miraculous answered prayer. Now maybe it indeed happened to the evangelist, but since he’s got everything to gain from such a dramatic testimony, I question it. But for the patient with no religious TV show, whose body is in bad shape and risks having his sanity questioned, there’s no apparent motive for making up such an event.

- 61) Life After Life, 89.
- 62) Ibid., 85.
- 63) Consciousness Beyond Life, 39.
- 64) Ibid., 23.
- 65) See especially K. Ring, and S. Cooper, 1999. Mindsight: Near-death and out-of-body experiences in the blind. Palo Alto, CA: Institute of Transpersonal Psychology.” Van Lommel reports on the blind NDE in Consciousness Beyond Life, 19,23-26,39. Sartori states, “The reports [of the blind seeing] were considered to be genuine due to the similarities between NDEs in the blind and the sighted, the sincerity of the experience and in some cases, the corroboration of witnesses.” The Near-Death Experiences of Hospitalized Intensive Care Patients, 100, commenting on Ring and Cooper, 68.
- 66) http://www.newdualism.org/nde-papers/Ring/Ring-Journal%20of%20Near-Death%20Studies_1997-16-101-147.pdf Kenneth Ring and Sharon Cooper, Near-Death and Out-of-Body Experiences in the Blind: A Study of Apparent Eyeless Vision, Journal of Near-Death Studies. “There is no question that NDEs in the blind do occur and, furthermore, that they take the same general form and are comprised of the very same elements that define the NDEs of sighted individuals. Moreover, this generalization appears to hold across all three categories of blindness that were represented in this study: those blind from birth, those adventitiously blind, and those severely visually impaired.”
- “The second issue, and the one that was the driving force of this study, was whether the blind claim to have visual impressions during their NDEs or OBEs. On this point, too, our data were conclusive.
- Overall, 80 percent of our respondents reported these claims, most of them in the language of unhesitating declaration, even when they had been surprised, or even stunned, by the unexpected discovery that they could in fact see. Like sighted experiencers, our blind respondents described to us both perceptions of this world and otherworldly scenes, often in fulsome, fine-grained detail, and sometimes with a sense of extremely sharp, even subjectively perfect, acuity.”
- What do the blind “see” in their normal dreams (as opposed to their NDEs)? “(1) There are no visual images in the dreams of the congenitally blind; (2) individuals blinded before the age of 5 also tend not to have visual imagery; (3) those who become sightless between the age of 5 to 7 may or may not retain visual imagery; and (4) most persons who lose their sight after age 7 do retain visual imagery, although its clarity tends to fade with time.”
- 67) Ibid., 125.
- 68) Consciousness Beyond Life, 24-26.
- 69) Ibid., 26.
- 70) Ibid., 152.
- 71) Ibid., 55. The study comes from C. Sutherland, Transformed by the Light: Life after Near-Death Experiences (Sydney, Australia: Bantam Books, 1992).
- 72) Life After Life, 84.
- 73) Ibid., 84,85.
- 74) Consciousness Beyond Life, 40.
- 75) Life After Life, 105.
- 76) Ibid., 65.
- 77) Ibid., 84.
- 78) Consciousness Beyond Life, 152; Sabom had the same results when comparing his NDErs with his control group – Light & Death, 95-97.
- 79) (http://en.wikipedia.org/wiki/Illusory_superiority)
- 80) To prove you’re not just dreaming that you’re reading, or to prove that we’re not in a fabricated delusion like “The Matrix,” all we can say is that we have a vivid apprehension of people and leaves and grasshoppers through our senses. And if you think about it, you can’t really go beyond that “vivid apprehension.” You may say, “Yes, but I talk to other people who have the same vivid experience of this physical world and we can do physical experiments which prove that it’s real.” Sure, but if this were all a dream world, those people and experiments would all be a part of your dream. It’s merely because it seems qualitatively different from a dream – it seems real – that you’re very confident that you’re reading a book rather than merely dreaming that you’re reading a book.
- 81) But let’s take this a step further, starting with an analogy. Let’s say you’re trying to make a decision between two cars to buy, and in your opinion, the typical reports don’t give you enough information. So the salesman pulls out

a study showing a non-biased consumer report of the last 500 people who bought these cars. Ninety percent reported that they're really glad they purchased car #1 after one year.

So what's your verdict? Even without driving the car yourself for a year, wouldn't you be wise to accept the experience of the 90 percent? Is accepting the experience of multitudes of NDErs really so different, even though we've never experienced one?

82) For the sake of brevity, I've ignored the contributions of Swiss-born psychiatrist Elizabeth Kübler-Ross. When she moved from Switzerland to New York City in 1958 to complete her education, she winced at the deplorable state of the dying. Rather than dying surrounded by friends and family, they typically died in lonely hospital rooms, surrounded by blinking lights and beeping machinery. Doctors often failed to engage them, viewing death as their failure to heal. Optimistic Americans didn't want to think about death.

Kübler-Ross forced us to examine the death experience and emotionally engage the dying. Her work helped bring about both hospice and professional counseling for the dying. She also listened to patients when, close to the point of death, they suddenly became very alert and told of a beautiful place of reunion with deceased loved ones. As a respected scientist, Kübler-Ross was honored with 18 honorary doctorates. She taught physicians and academics about death and dying and wrote over 20 books. As she taught, she exposed them to the near-death experience.

Chapter 6

1) Kenneth Ring surveyed three university classes (111 students), which covered the topic of NDEs. After the courses, most students reported a decreased fear of death, a stronger belief in life after death, a more spiritual orientation, a stronger belief in the purposefulness of life, and a strengthened view of God. [The impact of near-death experiences on persons who have not had them: A report of a preliminary study and two replications. *Journal of Near-Death Studies* 13:229 (1995).] Whereas some of van Lommel's patients in Holland became "spiritual," but showed less interest in traditional religion, Sartori reported of her patients (overwhelmingly Welsh): "All patients reported an increased tendency to pray, go to church, and read the Bible." *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 244.

2) *Consciousness Beyond Life*, 284.

3) *Life After Life*, 58,59.

4) *Consciousness Beyond Life*, 284.

5) *Life After Life*, 64.

6) *Ibid.*, 59.

7) *Ibid.*, 59.

8) *Consciousness Beyond Life*, 34.

9) *Ibid.* 29.

10) Susan Blackmore, *Dying to Live* (Buffalo, NY: Prometheus Books, 1993), xii.

11) *Consciousness Beyond Life*, 35.

12) *Ibid.*, 55.

13) *Life After Life*, 65.

14) *Ibid.*, 63.

15) *Consciousness Beyond Life*, 151.

16) Steve Sjogren, *The Day I Died* (Ventura: Regal Books, 2006), 31. The wife of one of Sartori's patients reported this change in her husband. "[He] is very different since the experience; he is very loving towards me. Before he used to do as he pleased and go out driving in the car whenever he wanted without giving me a second thought. Now, he won't go out unless I want to go out too. He is far more considerate and I feel like he's more loving and affectionate" (*The Near-Death Experiences of Hospitalized Intensive Care Patients*, 293).

17) *Life After Life*, 65, 93.

18) In one of my personal interviews, the NDEr talked with three celestial beings, explaining to them why he felt that he needed to return for his family. Moody shared an experience where an elderly aunt was ill and the family kept

praying for her to recover. Finally, the aunt told a family member that she'd seen the other side and wanted to stay there, but their prayers were hindering her from going over. She died shortly after they stopped praying for her recovery. (Ibid., 81)

19) *Consciousness Beyond Life*, 151.

20) Ibid., 53.

21) Ibid., 151.

22) Ibid., 152.

23) *Consciousness Beyond Life*, xiii.

24) Ibid., 29. As Moody stated, "almost everyone remarks upon the time-lessness of this out-of-body state." *Life After Life*, 47.

25) *Life After Life*, 43.

26) *Consciousness Beyond Life*, 21.

27) One described it "as if I was seeing with all-knowing eyes. (Ibid., 36)

28) *Life After Life*, 143,144.

29) *Consciousness Beyond Life*, 29-31.

30) Sartori notes, "Research (Grey 1987, Fenwick and Fenwick 1996a, Ellwood 2001, Rommer 2000) has served to highlight that negative NDEs are just as real as the pleasant ones and can occur in the absence of anesthetics" (*The Near-Death Experiences of Hospitalized Intensive Care Patients*, 18). She further states, "Religious beliefs and prior knowledge do not appear to influence the experience as cross-cultural studies reveal a similar pattern regardless of content of the experience or cultural beliefs" (23). "There are cases that have both pleasant and frightening components; they may begin as frightening and convert to pleasant (Bonenfant 2001) or vice versa (Irwin and Bramwell 1988)" (24). In her study, "13.3% had 'frightening' NDEs, consistent with three other studies which found 12.5% (Grey 1987), 15% (Atwater 1992) and 18% (Rommer 2000). See *The Handbook of Near-Death Experiences*, Chapter 4, for a good review of the literature on distressing NDEs.

31) According to *The Handbook of Near-Death Experiences*, 70, although nine studies with 459 experiencers found no accounts of distressing NDEs, "12 other studies involving 1,369 experiencers produced the accounts of 315 people (23%) who reported NDEs ranging from disturbing to terrifying or despairing." For a recent book dedicated to distressing NDEs, see *Dancing Past the Dark: Distressing Near-Death Experiences*, by Nancy Evans Bush (2012).

32) *Consciousness Beyond Life*, v.,vi.

33) The atheists I read don't claim to have a slam dunk argument for atheism. After all, how could you ever prove with any degree of certainty that there is no God? Instead, they make the more humble claim that they see no strong evidence for the existence of God. In a discussion such as this, it should (if all people were objective) take only one strong line of evidence to move an honest seeker from atheism to theism. This can happen with scientific theories. Reference the white swan theory being decimated by the sighting of one black swan.

Appendix #1

1) Raymond Moody, *Paranormal* (New York: HarperCollins, 2012), 47,48.

2) Ibid., 63.

3) Ibid., 77.

4) I found this NDE on www.nderf.org. Dr. Alexander reported that his "companion" during his NDE appeared at first in human form, wearing a beautiful dress, then as an "orblike ball of light," then later returned to human form. *Proof of Heaven* (New York: Simon & Schuster, 2012), 68.

5) *The Handbook of Near-death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC), 140-148.

6) Jeffrey Long, *Evidence for the Afterlife* (New York: HarperOne, 2010), 9.

7) For instance: NDE #1307 on www.nderf.org – like a "movie of myself and of my entire life..." "I could sense

the real meaning of these relationships.” “I had a sense of love and gratitude towards the persons appearing in my flash back.” “This panoramic review of my life was very distinct, every little detail of the incidents, relationships were there – the relationships in some sort of distilled essence of meaning. Persons were life-like, living pictures, with all their personality, inner selves.” NDE #2136 – went through the life review like a powerpoint. NDE #2913 – experienced life events going by in quick succession.

8) From www.nderf.org.

9) Ibid., NDE #49.

10) Ibid., #1828.

11) Ibid., #116.

12) Ibid., #1720.

13) Ibid., #1465.

14) Ibid., #2838.

Appendix #2

1) Charles Q. Choi, Peace of Mind: Near-Death Experiences Now Found to Have Scientific Explanations, *Scientific American*, September 12, 2011, p. [127](#). I often find such assertions in NDE literature, by both survivalists and naturalists, suggesting that all the NDE elements have been replicated by natural means. Yet, every time that I check their documentation, the experiences seem very different in many respects. For example: 1. Melvin Morse, David Venecia, and Jerrold Milstein, Near-death experiences: A neurophysiological explanatory model. *Journal of Near-Death Studies* 8:48, 1989 (from Handbook, pp. 217,218) - “...all the reported elements of NDEs can be produced in the office setting” with inhaled carbon dioxide. 2. M.A. Persinger, 1989. Modern neuroscience and near-death experiences: Expectancies and implications. Persinger comments on “A neurobiological model for near-death experiences.” *Journal of Near-Death Studies* 7:234 (1989) – “a vast clinical and surgical literature... indicates that floating and rising sensations, OBEs, personally profound mystical and religious encounters, visual and auditory experiences, and dream-like sequences are evoked, usually as single events, by electrical stimulation of deep, mesiotemporal structures.” Persinger went on to claim that through using transcranial magnetic stimulation, he had produced “all the major components of the NDE, including out-of-body experiences, floating, being pulled towards a light, hearing strange music, and profound meaningful experiences” [The Handbook of Near-death Experiences: Thirty Years of Investigation (Santa Barbara, California: ABC-CLIO, LLC), 220]; 3. Saavedra-Aguilar, J.C., and Gomez-Jeria, J.S., 1989. A neurobiological model for near-death experiences. *Journal of Near-Death Studies* 7:209 - “The list of mental phenomena seen in temporal lobe epilepsy and stereotaxic stimulation of the temporal lobe includes all the NDE phenomena.” (The Handbook of Near-death Experiences, 219) 4. Michael Shermer, executive director of the Skeptics Society, stated in a March 2003 article, Demon-Haunted Brain, published in *Scientific American*, “Neuroscientist Michael Persinger, in his laboratory at Laurentian University in Sudbury, Ontario, for example, can induce all these perceptions [out-of-body experiences] in subjects by subjecting their temporal lobes to patterns of magnetic fields” (<http://www.michaelshermer.com/2003/03/demon-haunted-brain>). Shermer goes on to quote van Lommel’s study as delivering “blows against the belief that mind and spirit are separate from brain and body,” when in fact van Lommel’s study gave strong evidence opposing this thesis. See van Lommel’s response to Shermer here: http://www.nderf.org/NDERF/Research/vonlommel_skeptic_response.htm.) 5. Susan Blackmore claims that “all the components of the NDE can occur under other conditions, under the influence of drugs, stress, or even during dreams.” *Dying to Live* (London: HarperCollins, 1993), 49. 6. Dr. Kevin Nelson claims that “Lempert’s team compared the experience of their subjects to Moody’s descriptions of the near-death experience. Surprisingly, they found “no real difference [emphasis his] between the two types of experience.” [The Spiritual Doorway to the Brain (New York: Dutton, 2011), 124] This is quite a claim. From Nelson’s description, Lempert has practically reproduced NDEs with induced fainting. Yet, as I show in Appendix #6, a perusal of Lempert’s study shows significant differences in almost every respect. It would seem that this claim has taken on the status of a stubborn urban myth in the NDE literature that needs to be thoroughly researched. Every

time I look up the cited sources and study the original data, the stark differences between NDEs and the reported naturalistic experiences become apparent.

2) Trends in Cognitive Sciences, [Volume 15, Issue 10](#), 447-449, 18 August 2011.

3) "...Here in Spain the paper was mentioned in "Cuarto Milenio", a popular TV show on parapsychology, in a radio program "Milenio 3", in one of the main newspapers, "el ABC", and in "el Mundo". Guess what the headline was in all of them: "The Science Finally Explains the NDEs. There is nothing paranormal about them"? The French newspaper "le Figaro" publishes a similar review of this paper. So does the Russian "Коммерсантъ". (From the discussion at the end of this interview: <http://www.skeptiko.com/165-dr-caroline-watt-defends-there-is-nothing-paranormal-about-near-death-experiences/>.)

4) Life After Life, 156-177.

5) Science and the Near-Death Experience, 150-215.

6) Consciousness Beyond Life, 105-135.

7) Penny Sartori, The Near Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study (New York: The Edwin Mellen Press, 2008), 57-120.

8) The Handbook of Near-death Experiences: Thirty Years of Investigation (Santa Barbara, California: ABC-CLIO, LLC), 213-234.

9) <http://www.skeptiko.com/165-dr-caroline-watt-defends-there-is-nothing-paranormal-about-near-death-experiences/>

10) As Pim van Lommel stated in a published reply to Mobbs and Watt, "I am deeply concerned that articles like Mobbs' and Watt's are passing the peer review process when the authors did not even acknowledge...existing literature that contradicts their stated position." Journal of Near-Death Studies, 30(2), Winter 2011.

11) The Handbook of Near-Death Studies, 7.

12) Journal of Near-Death Studies, vol. 30, no. 2, Winter 2011, Pim van Lommel, Guest Editorial; Setting the Record Straight; Correcting Two Recent Cases, 108,109.

13) <http://www.skeptiko.com/165-dr-caroline-watt-defends-there-is-nothing-paranormal-about-near-death-experiences/>

14) In Chapter 4 I didn't mention Mobbs' and Watt's explanation of the feeling of being dead, since it's not commonly argued. They note that the brain can fool people into thinking they're dead. It's called Cotard syndrome. They cite a case in which a patient was diagnosed with epilepsy and encephalitis. Yet, her conviction that she'd died was completely irrational, since she could touch her body and note that she was physically walking around and talking to living people. She was delusional. She didn't know how she supposedly died, but suggested it may have been when she had the flu a few weeks prior. She also reported hallucinating disco music, moving walls, and the feeling of water running down her left forearm. R. McKay, L. Ciolotti, Attributional Style in a Case of Cotard Delusion, Consciousness and Cognition, 16 (2007), 353.

Reading the details of the study confirms that her experience was very, very different from NDEs rationally concluding that they must have died, based upon such empirical data as hearing a doctor pronouncing them dead, seeing their lifeless bodies from a distance, walking through people, seeing heavenly beings, meeting God, etc.

Not only is Cotard syndrome very different from the NDE experience of death, but Mobbs and Watt fail to connect the syndrome with NDEs. They admit that "why delusions such as Cotard syndrome occur is unknown." So what data compels us to believe that Cotard syndrome would likely occur during a near-death event? Simply noting that some delusional people think they're dead in no way proves that the NDE experience of feeling dead is illusory.

15) Dying to Live, 34.

16) Dying to Live, 39.

17) Mobbs claims in a reply to criticism that he read Holden's chapter on Veridical Experiences and that it presented only one case study of veridical perception. (Response to Greyson, et al. There is nothing paranormal about near-death experiences, Dean Mobbs, Trends in Cognitive Sciences, September 2012, vol. 16, no. 9), p. 446. Yet, Holden's chapter was a review of the literature on the subject, not an attempt to present details of individual studies. She documented her chapter meticulously and pulled together documentation for over 100 examples of NDEs with

corroboration in 43 different NDE studies.

18. <http://www.skeptiko.com/165-dr-caroline-watt-defends-there-is-nothing-paranormal-about-near-death-experiences>.

19. <http://www.skeptiko.com/165-dr-caroline-watt-defends-there-is-nothing-paranormal-about-near-death-experiences>.

Appendix #4

1) Raymond A. Moody, *The Light Beyond* (New York: Bantam Books, 1988), 18; Note also Michael B. Sabom, *Recollections of Death*, 145, 184-186 on the nature of the evidence. See also Moody in *Life After Life*, 177-186.

2) Moody's autobiography, *Paranormal* (New York: HarperCollins, 2012), yields insight into why he was so reluctant to declare that NDEs offered proof of heaven and God. First, as a philosophy student at the University of Virginia, he was impressed by Socrates' unique ability to help people see that their positions weren't as solid as they thought. Thus, he eschewed dogmatism, knowing that strong opinions could often be overturned. He certainly didn't want to give people a false assurance of heaven, only to have that hope overturned by future research. Second, he knew that NDEs were not experiences with a person's final death. They were something intermediate. Thus, what people experience in a near-death experience doesn't necessarily tell us about a person's final death experience. Third, Moody had a very uncomfortable relationship with his father, who didn't believe in God and wouldn't even listen to arguments for anything paranormal. According to Moody, "I feared my father greatly – I still do" (228). Perhaps he wanted to please his father by remaining publically skeptical. Fourth, he wanted *Life After Life* to be accepted by the scientific and specifically the medical community. Knowing that his first book didn't give adequate evidence for the afterlife, he decided to let the stories speak for themselves rather than try to sensationalize them with his own superlatives and dogmatic conclusions. Instead, he determined to simply get the stories out there and start the scientific process by delineating the typical elements of NDEs, hoping this would inspire others to a more rigorous scientific study of NDEs. It worked. (46,81,100-103,118)

3) Large scale clinical studies aren't as conclusive as one might think. For example, one study found that as much as 90 percent of carefully conceived, rigorously controlled, large-scale medical studies are eventually either overturned or extensively revised. <http://well.blogs.nytimes.com/2010/10/18/questioning-the-results-of-medical-research>) Dean Mobbs, coauthor of "There is nothing paranormal about near-death experiences," suggests in response to criticism of his article that NDE researchers should use "gold standard" techniques like double blind studies ("Response to Greyson et al.: there is nothing paranormal about near-death experiences," *Trends in Cognitive Sciences*, Sept. 2012, Vol. 16, no. 9, 446). Yet, double-blind studies aren't always practical, even in medicine. For example, to conduct a double-blind study to determine if open heart surgery is effective, researchers would need two sets of patients with severe arterial blockage. One set would be cut open and have a bypass performed. The other set would be cut open but not have a bypass. Neither group would know who actually had the bypass. Obviously, it's not practical to do double-blind studies to test open-heart surgeries. Other forms of evidence must be used in such cases.

The meaning of "scientific evidence" shifts from field to field. "Scientific evidence has no universally accepted definition but generally refers to [evidence](#) which serves to either support or counter a [scientific theory](#) or [hypothesis](#). Such evidence is generally expected to be [empirical](#) and properly documented in accordance with [scientific method](#) such as is applicable to the particular field of inquiry. Standards for evidence may vary according to whether the field of inquiry is among the [natural sciences](#) or [social sciences](#)" (http://en.wikipedia.org/wiki/Scientific_evidence).

The following article describes how medical decisions should (and do) incorporate legal evidence, although medicine often prides itself on being based upon entirely scientific evidence. Medicine is "an art of probabilities, or at best, a science of uncertainty. One can better practice medicine by using other evidentiary standards in addition to the scientific. To employ only the scientific standard of proof is inappropriate, if not impossible; furthermore, as this review will show, its application in medicine is fraught with bias." <http://www.lewrockwell.com/miller/on-evidence-medical-and-legal.pdf> - Donald W. Miller, Jr., M.D., Clifford G.

Miller, Esq., On Evidence, Medical and Legal, Journal of American Physicians and Surgeons Volume 10 Number 3 Fall (2005).

4) See John C. Lennox, *God's Undertaker* (Oxford: Lion Hudson, 2009), 32ff, on the difficulties of defining science and the scientific method. Also, p. 38 concerning considering all available empirical evidence to infer to the best explanation.

5) In science, "anecdotal evidence" has been variously defined as:

- "information that is not based on facts or careful study"
- "reports or observations of usually unscientific observers"
- "casual observations or indications rather than rigorous or scientific analysis"
- "information passed along by word-of-mouth but not documented scientifically"

See a good discussion of "anecdotal" here: http://en.wikipedia.org/wiki/Anecdotal_evidence.

Sartori distinguished her evidence from anecdotal: "The fact that I was working with these patients at the time they [the NDEs] occurred enhances their authenticity. They were not anecdotal reports, but were elicited at the time, or within a few days of occurrence." *The Near Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study*, (New York: The Edwin Mellen Press, 2008), 300.

6) Pim van Lommel, *Consciousness Beyond Life* (New York: HarperCollins, 2010), 139,140,150-153.

7) See, for example, the results of van Lommel's prospective study, utilizing a control group. *Ibid.*, 149-153.

8) Dr. Long found that of the NDErs who shared their stories anonymously on his website, 8.5% said they had never shared the experience with another person. *Evidence of the Afterlife*, Jeffrey Long (New York: HarperOne, 2010), 35. According to Sabom, "Many had been unable to discuss it with their closest friends or relatives for fear of ridicule...." *Recollections of Death* (New York: Harper & Row, 1982), 11.

9) *The Near Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study*, 327.

10) As Cambridge Mathematician and Philosopher of Science John Lennox suggests, some gaps science closes; others it opens. See his discussion in *God's Undertaker* (Oxford: Lion Hudson, 2009), 188-192.

11) *The Handbook of Near-death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC.), 7.

12) Karl Jansen argues this in *The Ketamine Model of the Near-Death Experience*, *Journal of Near-Death Studies*, 16 (1) (1997), p. 5.

13) Raymond A. Moody, *Paranormal* (New York: HarperCollins, 2012), 243,244.

14) *Ibid.*, 244-246.

Appendix #5

1) Susan Blackmore, *Dying to Live* (New York: Prometheus Books, 1993), 3.

2) *Ibid.*, 22,39,261.

3) *Ibid.*, 62, etc.

4) *Ibid.*, 244.

5) *Ibid.*, 113-135,262.

6) *Ibid.*, 49.

7) *Ibid.* I appreciate that Blackmore typically expresses appropriate tentativeness, rather than dogmatically proclaiming that she's proven a scientific connection. For example, "It implies that there may be a phase.... During this state they might be able to hear what was going on...." (59) "From this evidence I would now like to try to piece together an idea of which experiences should occur under which conditions. The evidence is pitifully inadequate at the moment...." (62) "It is certainly dangerous to speculate about specific mental processes on the basis of global

brain processes. However, bearing in mind this is pure speculation, an interesting possibility arises.” (63) She also appropriately mentions where her hypothesis needs further testing. Concerning her explanations for the tunnel experience, she states, “As far as I know, this has not been tested.” “This has never been tested...” (87) “This, too, awaits testing.” (90) Concerning the life review, she notes that the main prediction “would be hard to test directly,” but might be indirectly tested. (217)

8) Janice Miner Holden, Bruce Greyson, Debbie James, editors, *The Handbook of Near-Death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC), chapter by Holden, Long and McClurg, 132,133.

9) *Ibid.*, 43,49.

10) *Ibid.*, 67-93.

11) Jeffrey Long, *Evidence of the Afterlife* (New York: HarperOne, 2010), 9.

12) From www.nderf.org. One of the people I interviewed described the tunnel as being multicolored, like the multicolored breath mint Certs. Blackwell actually did her own survey in India to try to find NDErs with tunnel experiences. But her survey has been criticized on two grounds. First, the survey was published in an English paper that’s read largely by westernized people. Secondly, upon closer inspection, what they reported as tunnels may have not been like the tunnels reported in the West. *The Handbook of Near-Death Experiences*, 140, 150-152. Sartori has an especially good discussion on the tunnel experience and Blackmore’s arguments concerning it – Penny Sartori, *The Near Death Experiences of Hospitalized Intensive Care Patients: A Five-Year Clinical Study*, (New York: The Edwin Mellen Press, 2008), 62-66.

13) *Dying to Live*, 180.

14) Michael Sabom, *Light & Death* (Grand Rapids: Zondervan Publishing House, 1998),184.

15) *Dying to Live*, 136-164.

16) *Ibid.*, 163. Blackmore continues to use this as a basis for explaining NDEs. Toward the end of her book, she writes, “My conclusion is that the NDE brings about a breakdown of the model of self along with the breakdown of the brain’s normal processes. In this way it can cut right through the illusion that we are separate selves. It becomes obvious that ‘I’ never did exist and so there is no one to die.” (p. 259)

17) See *Dying to Live*, chapter 7 and especially the conclusion on p. 164.

18) *Ibid.*, 224.

19) *Ibid.*, Chapter 11.

20) *Ibid.*, 242,243,253.

21) If the NDE truly demonstrated a breakdown of the illusion of self, then I’d predict that NDErs would report a lessening of importance of self. Yet, NDE studies find the opposite effect. Sartori references H.J. Irwin, *The Near-Death Experience as a Dissociative Phenomenon: An Empirical Assessment*. *Journal of Near-Death Studies*, 12(2), 95-103 (1993), finding that the sense of identity is heightened, not diminished. K. Ring found NDErs reporting an increased sense of purpose and greater self-confidence. [Heading Toward Omega: In Search of Meaning of the Near-Death Experience (New York: William Morrow, 1984) referenced in *The Handbook of Near-Death Experiences*, 43. Moody’s subjects (*Life After Life*, 90,93,96) reported a feeling of special importance or destiny, the sense that they’ve received a special favor of God or fate, a stronger assurance of life after death. They tend to lose their fear of death, not because they believe the self never existed, but because of their “new or strengthened belief in survival of bodily death.” Many believe in heaven and a joyous reunion with their creator. They’re determined to find His will for their lives. (*Life After Life*, 96; *The Handbook of Near-Death Experiences*, 45,46) See also *Reflections on Death*, 22 – “I was fully in control of my mind” sounds more like heightened than dissolved identity.

Blackmore’s interpretation of the positive changes being due to the breakdown of the illusion of self during the NDE isn’t borne out by the research that suggests the experience “revealed to them a transcendent reality and brought them face-to-face with a divine presence.” (*The Handbook of Near-Death Experiences*, 57) “It is as though the creator of the universe has given them a precious gift of life, and this life takes on special importance and is endowed with a unique mission” (58).

22) We could go further with this line of observations that cut against Blackmore's hypothesis. In what way can we say that Hitler was wrong to kill innocent people? If we truly have no choice (as Blackmore believes), then there isn't a true right and wrong, there just is. If "I" don't exist, then why does she continue the book by using subjects like "we"? How can she transition to the next chapter by saying "we need to understand the mental models created by the dying brain" and "we have to ask what model of self was being constructed at the time." (emphasis mine) Unless I've misunderstood Chapter Seven, there is no "we." For if "I" and every other "I" don't exist, then there can be no "we" as a collection of individuals. And on what grounds should we trust our powers of reasoning if they're merely part of a fallible construct?

23) If the dissolution of self is the most important part of the experience, why don't I find NDErs reporting this loss of self and its importance? According to Blackmore, upon returning to consciousness their brains immediately reconstructed another model of self. (259) Although this would successfully explain the contrary evidence provided by NDE reports, it would also render our primary data for exploring NDEs – the personal reports – practically useless as data with which to build our theories.

Thus, Blackmore's defense of the dissolution of self as the reason for life change seems extraordinarily weak. (247ff.) Rather than survey people and ask them what aspect of their experience changed them, she assumes most of them have misinterpreted what changed them and suggests that it's the "loss of self" experience, which she's yet to prove is a part of the experience. To bolster her claim, she quotes a man who came out of his experience with the "dissolution of self" explanation. Yet, Blackmore admits that his experience was drug induced (probably morphine) and not a classic NDE. (254,255) She seems to have totally left her research at this point. For a good general discussion of Blackmore's psychological arguments, see *The Near Death Experiences of Hospitalized Intensive Care Patients*, 95-98.

24) *Dying to Live*, 113. See also her summary on pp. 262,263.

25) http://www.newdualism.org/nde-papers/Ring/Ring-Journal%20of%20Near-Death%20Studies_1997-16-101-147.pdf, K. Ring and Sharon Cooper, Near-Death and Out-of-Body Experiences in the Blind: A Study of Apparent Eyeless Vision, *Journal of Near-Death Studies*.

Appendix #6

1) Kevin Nelson, *The Spiritual Doorway in the Brain* (New York: Dutton, 2011), 5.

2) *Ibid.*, 260.

3) *Ibid.*, 67.

4) *Ibid.*, 214,218.

5) *Ibid.*, 3,4.

6) *Ibid.*, 4.

7) *Ibid.*, 9.

8) *Ibid.*, 200,270.

9) "We found that NDErs do indeed have more psychic abilities than the normal population. And we are not talking about a slight increase in abilities here. People who have had near-death experiences are four times more likely to have psychic experiences than those who have not had them." Melvin Morse with Paul Perry, *Transformed by the Light: The Powerful Effect of Near-Death Experiences on People's Lives* (Raleigh, NC: Ivy Books, 1993), 91.

10) See the questions he asked. (Nelson, p. 201) Another potential problem is that he studied a specific subset of NDErs: "each believed at the time" of the NDE "that his or her life was in immediate danger." (p. 200) So why didn't he simply choose people who shared NDEs? Well, his hypothesis is that fear is "the fundamental link" to many of our spiritual experiences. (p. 160) So, apparently he wanted to choose only NDErs who were experiencing fear at the onset of their NDEs. Yet, other NDErs have suddenly passed out, apparently without any fear or

expectation of possible death. For example, concerning the patients that van Lommel studied,

“Most patients experienced no fear of death preceding their cardiac arrest; its onset was so sudden that they failed to notice it.”(36.5)

It's quite possible that Nelson ended up with a large number of cases where people thought they were going to die, but weren't actually near death. This could bias the sample toward people who are more prone to dissociate from their bodies during extreme danger.

11) The Spiritual Doorway in the Brain, 128-131.

12) See, for example, B. Greyson, E.W. Kelly, E.F. Kelly, Explanatory Models for Near-Death Experiences, in The Handbook of Near-Death Experiences, 217. See also Chris Carter, Science and the Near-Death Experience (Rochester, Vermont: Inner Traditions, 2010), 164-168.

13) Here's another example. Foundational to Nelson's hypothesis is his belief that mind functions are produced by the brain. But again, he never considers contrary evidence. While he relies upon the research of neurosurgeon Wilder Penfield, is Nelson aware that after a lifetime of brain research, Penfield concluded that the mind is separate from the brain? According to Penfield, “For my own part, after years of striving to explain the mind on the basis of brain action alone, I have come to the conclusion that it is simpler (and far easier to be logical) if one adopts the hypothesis that our being does consist of two fundamental elements.” W. Penfield, The Mystery of the Mind (Princeton NJ: Princeton University Press, 1975), 80. See also pp. 39,47,48,85.

14) The Spiritual Doorway in the Brain, 124.

15) Syncope and near-death experience. (1994). The Lancet, 344(8925), 829-829. Retrieved from <http://search.proquest.com/docview/199043829?accountid=11824>; Lempert, T., Bauer, M. and Schmidt, D. (1994), Syncope: A videometric analysis of 56 episodes of transient cerebral hypoxia. Annals of Neurology, 36: 233–237.

16) For example, in an examination of reports of tunnel vision and “dreamlets” in studies of fighter pilots experiencing g-force, the actual descriptions are often very different from the brief summaries that people try to use to show similarities. See Chris Carter, Science and the Near-Death Experience (Rochester, Vermont: Inner Traditions, 2010), 172-176.

17) The Spiritual Doorway in the Brain, 132. In fact, Nelson argues that the characteristics of NDEs “combine to tell us that wide expanses of the brain are engaged during these experiences.” (117) But wouldn't such vivid consciousness, if it's indeed produced solely by the brain, show up on an EEG?

18) Ibid., 146.

19) Ibid., 144-146.

20) Ibid., 148.

21) Ibid., 148.

22) Ibid., 211,212.

23) In an endnote, Nelson comments on his skepticism toward paranormal claims: “Extraordinary claims, however, require extraordinary evidence.” (p. 116) “When it comes to believing in the paranormal, I start with the yardstick provided by David Hume on miracles that violate the laws of nature: I believe in the paranormal only if not believing would mean having faith in something even more miraculous.” (p. 267)

On one hand, this seems like a sound approach, in the sense that when someone exclaims, “It was a miracle!” we should look first to possible natural explanations. So a person claims that prayer miraculously put her cancer in remission. But what percentage of people with that type of cancer go into remission? If 5%, then couldn't her remission be adequately explained by her being in that 5%?

Yet some seem to take this principle too far, not accepting anything as “extraordinary evidence.” David Hume, for example, holds that proving the resurrection of Jesus would actually provide no evidence whatsoever for his divinity. After all, perhaps science will one day provide a reasonable naturalistic explanation, as it has for so

many other supposedly miraculous occurrences. And besides, is there some law of logic that tells us that if someone pulls off a resurrection, he's therefore divine? Perhaps the resurrection merely shows that Jesus was a great magician?

Using Hume's approach, it's evident that nothing could ever provide sufficient evidence for a paranormal event. For him, the evidence for the normal functioning of natural laws is so overwhelming that you could never have sufficient evidence that the laws had been violated.

But it seems to me that evidence from NDEs is indeed extraordinary, to the extent that naturalistic explanations indeed become more "miraculous" than supernatural explanations. Sure, it's possible that science may in the future show how, in a near-death experience, people born blind report seeing and people wake at the moment of a distant relative's death and sense their presence or share their trip to another dimension. But to me, in the light of all currently available scientific evidence, believing in a naturalistic explanation requires more blind faith than believing that there's more to this life than our natural laws can explain. I'd suggest that committed naturalists might never see the extraordinary nature of the evidence for the paranormal. Why? Because of the power of their paradigm – viewing evidence through their naturalistic-colored glasses.

24) Eben Alexander, *Proof of Heaven* (New York: Simon & Schuster, 2012). For more on Nelson, note a review of Nelson's book: Rudolf H. Smit & Titus Rivas, Book Review, *The Spiritual Doorway in the Brain: A Neurologist's Search for the God Experience*, by Kevin Nelson, *The Journal of Near-Death Studies*, vol. 30, #2, (Winter, 2011). The following article critiques two of Nelson's journal articles on the subject he expanded upon in his book: *Does the Arousal System Contribute to Near-Death and Out-of-Body Experiences? A Summary and Response*, by Jeffrey Long and Janice Miner Holden. *Journal of Near-Death Studies*, 25(3) (Spring 2007).

Appendix #7

- 1) Raymond Moody, *Paranormal* (New York: HarperCollins, 2012), 60,61.
- 2) *Ibid.*, 94,95.
- 3) Blackmore notes that "visions of the world's future" are relatively rare. *Dying to Live*, (Buffalo, NY: Prometheus Books, 1993), 30.
- 4) <http://www.skeptiko.com/112-gary-habermas-skeptical-of-near-death-experience-spirituality>
- 5) One of Sartori's patients reported an interesting event in this regard. A being on the other side told him to warn a relative to not believe all that a medium was telling her because some of it was lies. Interestingly, he didn't even know that she had been consulting a medium. Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press: 2008), 178-180.
- 6) Pim van Lommel, *Consciousness Beyond Life*, (New York: HarperCollins, 2010), 56-58.
- 7) Michael B. Sabom, *Recollections of Death* (New York: Harper & Row, 1982), 139-141.
- 8) *Ibid.*, 140.
- 9) *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 244.
- 10) *Ibid.*, 252,253; J.M. Holden, B. Greyson, D. James, editors, *The Handbook of Near-Death Experiences: Thirty Years of Investigation* (Santa Barbara, California: ABC-CLIO, LLC., 2009), 319,320.
- 11) *The Near-Death Experiences of Hospitalized Intensive Care Patients*, 304.

Appendix #8

- 1) P.M.H. Atwater, *Children of the New Millennium* (New York: Three Rivers Press, 1999).
- 2) R.J. Bonenfant, "A child's encounter with the devil: An unusual near-death experience with both blissful and frightening elements," *Journal of Near-Death Studies*, 20:87-100 (2001).

- 3) R.J. Brumblay, Hyperdimensional perspectives in out-of-body and near-death experiences, *Journal of Near-Death Studies*, 21:201-21 (2003).
- 4) K. Clark, Clinical interventions with near-death experiencers. In B. Greyson and C.P. Flynn (Eds.), *The Near-Death Experience: Problems, Prospects, Perspectives* (Springfield, IL: Charles C. Thomas, 1984), 242-55.
- 5) F.P. Cobbe, *The Peak in Darien* (London: Williams & Norgate, 1882).
- 6) E.K. Cook, B. Greyson, and I. Stevenson, Do any near-death experiences provide evidence for survival of human personality after death? Relevant features and illustrative case reports. *Journal of Scientific Exploration* 12:377-406 (1998).
- 7) R. Crookall, *Case-Book of Astral Projection* (Secaucus, NJ: University Books, 1972).
- 8) G.F. Ellwood, *The Uttermost Deep: The Challenge of Near-Death Experiences* (New York: Lantern Books, 2001).
- 9) P. Fenwick and E. Fenwick, *The Truth in the Light: An Investigation of over 300 Near-Death Experiences* (London: Headline, 1995).
- 10) C. Green, *Out-of-Body Experiences* (Oxford, England: Institute of Psychophysical Research, 1968).
- 11) M. Grey, *Return from Death* (New York: Arkana, 1985).
- 12) J.C. Hampe, *To Die is Gain: The Experience of One's Own Death*, Trans. M. Kohl (Atlanta: John Knox Press, 1979).
- 13) J.H. Hyslop, Visions of the dying: Class 1. *Journal of the American Society for Psychical Research* 12 (10): 585-626 (1918).
- 14) C.G. Jung, Synchronicity: An Acausal Connecting Principle. Trans. R.F.C. Hull. In H. Read, M. Fordham, G. Adler, and W. McGuire (Eds.), *The Collected Works of C.G. Jung*. 2nd ed. Vol. 8, *The Structure and Dynamics of the Psyche* (Princeton, NJ: Princeton University Press, 1969, orig. pub. 1952), 417-531.
- 15) E.W. Kelly, B. Greyson, and I. Stevenson, Can Experiences Near Death Furnish Evidence of Life after Death? *Omega* 40 (4): 513-19 (1999-2000).
- 16) E. Kübler-Ross, *On Children and Death* (New York: Simon & Schuster, 1983).
- 17) M. Lawrence, *In a World of Their Own: Experiencing Unconsciousness* (Westport, CT: Praeger, 1997).
- 18) J.H. Lindley, S. Bryan, and B. Conley, Near-Death Experience in a Pacific Northwest American Population: The Evergreen Study. *Anabiosis: The Journal for Near-Death Studies* 1:104-24 (1981).
- 19) L.K. Manley, *Enchanting Journeys: Near-Death Experiences and the Emergency Nurse*. *Journal of Emergency Nursing* 22 (4): 311-16 (1996).
- 20) R. Moody, *Life After Life* (Atlanta: Mockingbird Books, 1975).
- 21) R. Moody, and P. Perry, *The Light Beyond* (New York: Bantam Books, 1988).
- 22) L.L. Morris, and K. Knafl, The nature and meaning of the near-death experience for patients and critical care nurses. *Journal of Near-Death Studies* 21:139-67 (2003).
- 23) M.L. Morse, Near-death experiences and death-related visions in children: Implications for the clinician. *Current Problems in Pediatrics* 24:55-83 (1994).
- 24) M.L. Morse, and P. Perry, *Closer to the Light: Learning from the Near-Death Experiences of Children* (New York: Villard Books, 1990).
- 25) F.W.H. Myers, On indications of continued terrene knowledge on the part of the phantasms of the dead, *Proceedings of the Society for Psychical Research* 8:170-252 (1892).
- 26) Near-Death Experiences: The Proof. February 2, 2006, Feb. 2. Article scanned from Daily Express, London. Retrieved February 2006 from <http://farshores.org/p06ndetp.htm>.
- Ogston, A. *Reminiscences of three campaigns* (London: Hodder & Stoughton, 1920).
- 27) M. Rawlings, *Beyond Death's Door* (Nashville: Thomas Nelson, 1978).
- 28) K. Ring, 1980.
- 29) K. Ring, 1984.
- 30) K. Ring, and S. Cooper, *Mindsight: Near-Death and Out-of-Body Experiences in the Blind* (Palo Alto, CA: William James Center for Consciousness Studies, 1999).
- 31) K. Ring, and M. Lawrence, Further evidence for veridical perception during near-death experiences. *Journal of Near-Death Studies* 11:223-29 (1993).
- 32) K. Ring, and E.E. Valarino, *Lessons from the Light* (New York: Plenum, 1998).
- 33) B. Rommer, *Blessing in Disguise: Another Side of the Near-Death Experience* (St. Paul, MN: Llewellyn

Publications, 2000).

34) M. Sabom, *Recollections of Death: A Medical Investigation* (New York: Simon & Schuster, 1982).

35) M.A. Tutka, Near-Death Experiences: Seeing the Light. *Nursing* 31 (5): 62-63 (2001).

36) G.N.M. Tyrrell, 1946.

37) Pim van Lommel, R. van Wees, V. Meyers, and I. Elfferich, Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *Lancet* 358:2039-45 (2001).

38) Wilson, *The After Death Experience: The Physics of the Non-Physical*. (New York: William Morrow, 1987).

Appendix #9

1) Michael Sabom, *Recollections of Death* (New York: Harper & Row, 1982), 3.

2) Ibid., 4.

3) Ibid., 7,83.

4) Ibid., 2.

5) Ibid., 156-158.

6) Ibid., 54,68,71,72,73,77,78,90,93,94,98,99,103,110,112,113.

7) Ibid., 7.

8) Ibid., 156-160.

9) Michael Sabom, *Light and Death* (Grand Rapids: Zondervan, 1998), 193,194.

10) Ibid., 22,33.

11) Ibid., 37-51; 184-191.

12) Ibid., 131-142.

13) Jeffrey Long, *Evidence of the Afterlife* (New York: HarperOne, 2010), 43.

14) Ibid., 22,23.

15) Penny Sartori, *The Near-Death Experiences of Hospitalized Intensive Care Patients* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2008), 6.

16) Ibid., 122.

17) Ibid., 143.

18) Ibid., 216-224.

19) Ibid., 275.

20) Ibid., 131.